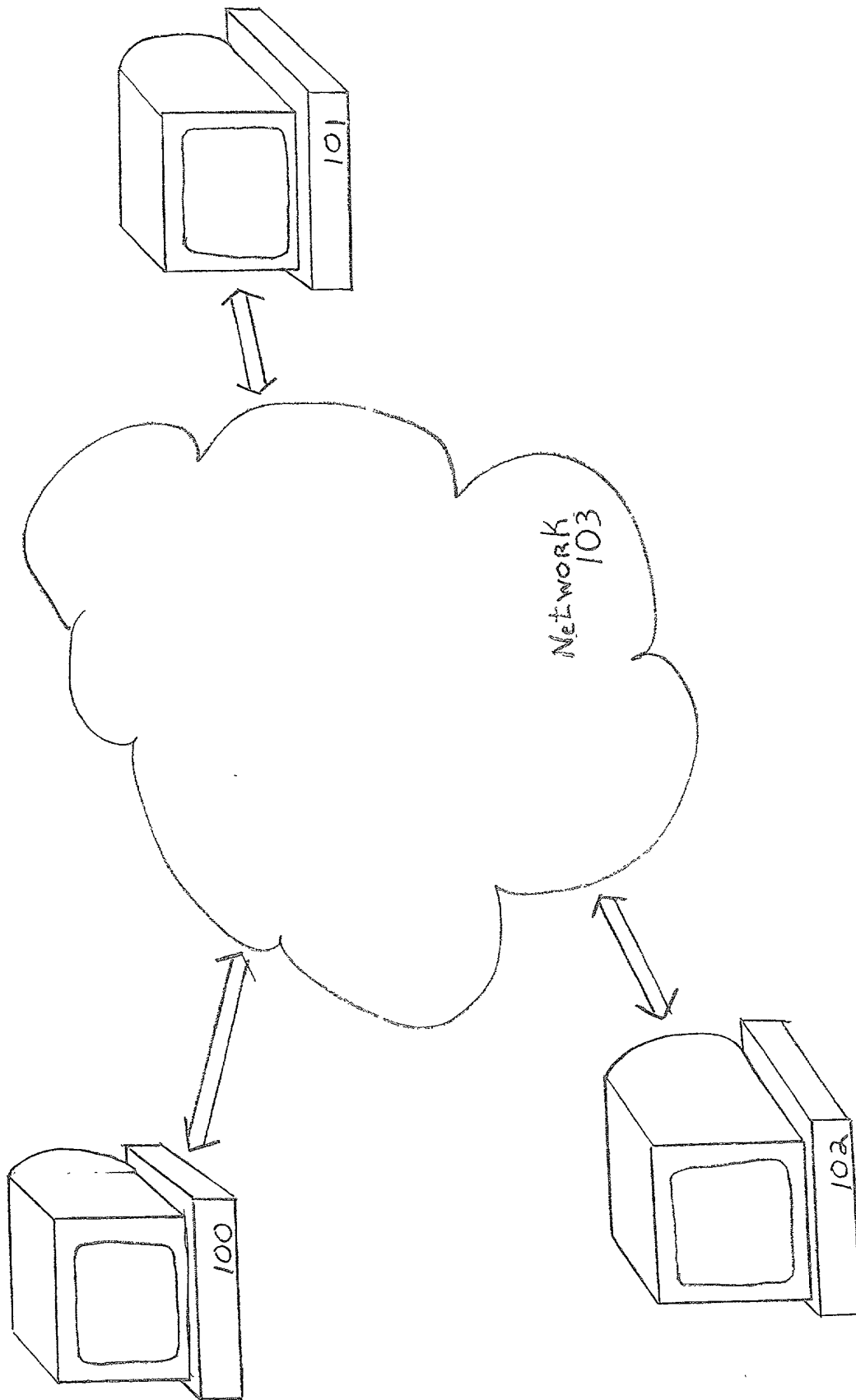


FIG. 1A



1/8/9

# Application Architecture

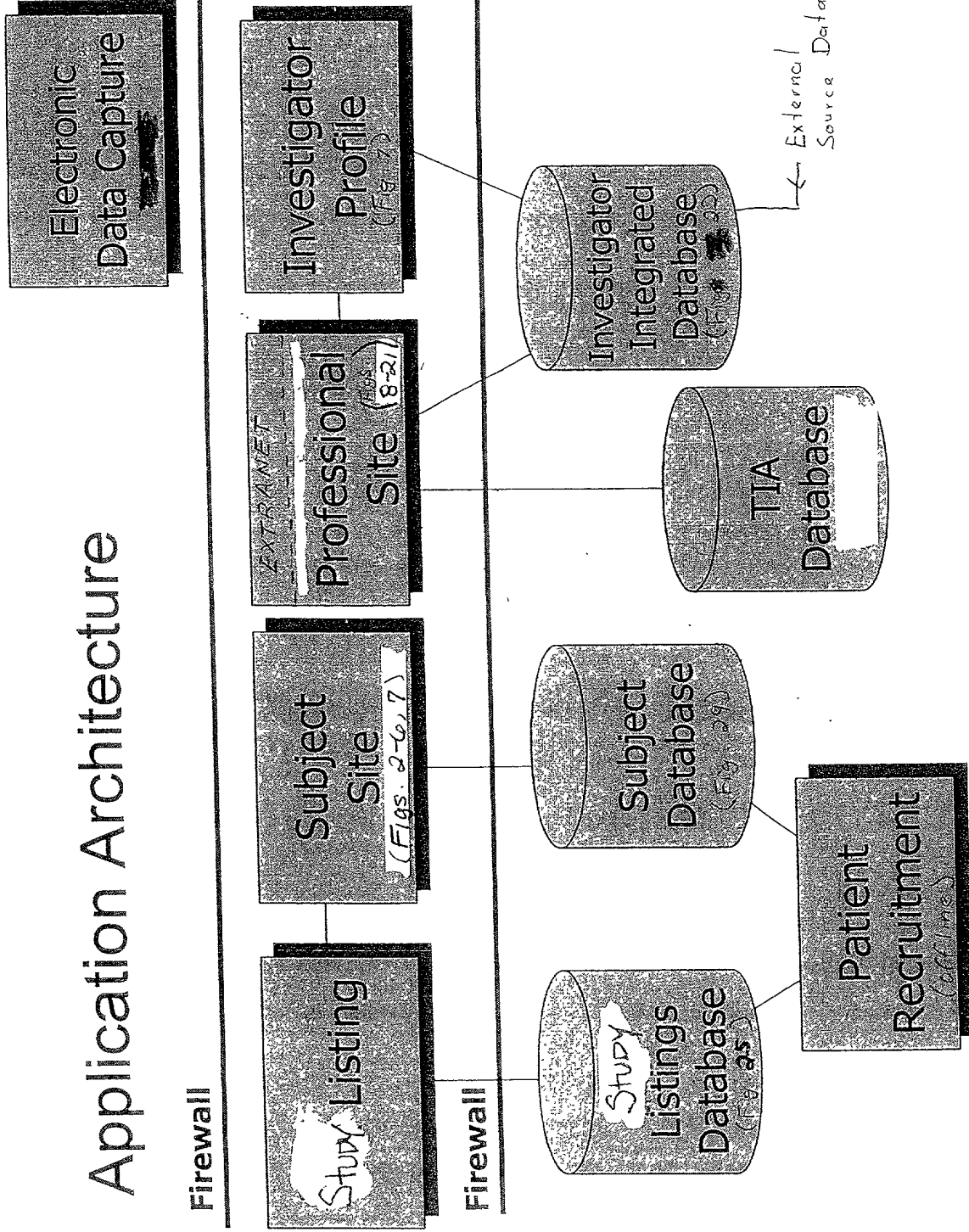


Fig. 4B

3/89

Search clinical trials

**Register** 200

To register to become a member, just fill in the form below.

201 Email

202 Username

203 Password

Retype Password

Username 4-digits chars, no blank spaces

Password 4-digits chars, case-sensitive

Your privacy is of the utmost concern to us. For more information, read [Privacy & Security Policy](#). 204

As part of the registration process and to protect your privacy, we ask that you please choose one of the questions in the box below and type the answer into the second box. If you forget your password, this question will be given to you. After correctly answering the question, you will be asked to reset your password so you can have full access to the site.

Your question

205 Your answer, up to 45 characters.

**Terms of Service**

Please read the following Terms of Service agreement.

206 

TERMS OF SERVICE AGREEMENT

**Benefits of Registration**

Registered users will benefit from:

4/89

- OUR comprehensive clinical trial listings - get trial information and out how you can be considered for participation in clinical trials
- The ability to ask questions of OUR medical experts
- Timely, relevant announcements of new trials and drug information
- Exclusive interactive tools, including your own personal library of news information
- Emails informing you of updates to our clinical trial listings, news and information, tailored to your selection.
- A personal profile used to optimize your experience.

FIG. 2B

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5/89

Search clinical trials

Home /

## Personal Information

Add or modify your name, password, address and other information about you.

**Therapeutic Area**

Review Clinical Trials Ask Questions and More

First Name

Last Name

Phone #

ext.

Address

City

State

ZIP Code

Email

Gender ☒ Male ☐ Female

Show My Library welcome page ☒ Yes ☐ No

Show My Profile welcome page ☒ Yes ☐ No

300

301

302

Fig. 3

6/89

FIG. 4A

Search

Search clinical trials

Home /

## Medical Conditions

Select conditions that interest you and indicate the kind of information you would like to receive. Please select a therapeutic area in the pulldown menu and then click "View" to see the conditions that fall within that area.

If you'd like to see another therapeutic area, simply go to the pulldown menu, make another selection and then click "View." The page will automatically display the new therapeutic area.

Cancer

### Cancer

Please email me updated information on:

Condition	Medical News/Drugs	Clinical Trial Opportunities
Abdominal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Acute T-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Adrenal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Transplant	<input type="checkbox"/>	<input type="checkbox"/>
Bone Metastases	<input type="checkbox"/>	<input type="checkbox"/>
Brain Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Pain	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Tumors	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Neoplasia	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Colon	<input type="checkbox"/>	<input type="checkbox"/>
Malignancies	<input type="checkbox"/>	<input type="checkbox"/>
Colon Polyps	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Effects of Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Endometrial Cancer	<input type="checkbox"/>	<input type="checkbox"/>

FIG. 4A

[illegible]

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[illegible]

8/89

Spinal Cord	<input type="checkbox"/>	<input type="checkbox"/>
Malignancy	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Cancer	<input type="checkbox"/>	<input type="checkbox"/>
T-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Testicular Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Thrombocytopenia	<input type="checkbox"/>	<input type="checkbox"/>
Thymomas	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Vulvar Carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
Wilms' Tumor	<input type="checkbox"/>	<input type="checkbox"/>

Save



9/89

Search

go

Home / About Us /

About Clinical Trials

Search Clinical Trials

Cancer

Cardiology/Vascular Diseases

Dental/Maxillofacial Surgery

Dermatology Plastic Surgery

Endocrinology

Gastroenterology

Hematology

Immunology/Infectious Diseases

Musculoskeletal

Nephrology/Urology

Neurological Conditions

Obstetrics/Gynecology

Ophthalmology

Otolaryngology

Pediatrics/Neonatology

Pharmacology/Toxicology

Pulmonary/Respiratory Diseases

Rheumatology

Trauma/Emergency Medicine

Feature Stories

News Archive

Ask the Expert

About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

Introduction: What are clinical trials?

Why are clinical trials important?

The clinical trial process.

How are participant's rights and safety protected during a clinical trial?

Who pays for clinical trials?

Where can you get more information about clinical trials?

Questions you need to ask.

Common terms used in clinical trials.

Introduction: What are clinical trials?

Quite simply, a clinical trial is a very carefully structured study that evaluates the effectiveness of a drug against a specific disease or condition. Clinical trials can focus on a new drug or they may be used to determine new uses for existing medications.

When a promising new medication is identified, the drug undergoes careful evaluation for safety and effectiveness through the clinical trial process. Typically, the doctors chosen to conduct clinical trials are experts within their medical specialties. The pharmaceutical or biotechnology company that is sponsoring the trial reports their findings to the U.S. Food and Drug Administration (FDA). The FDA reviews those findings and if they determine that the drug is both effective and safe to use, then they will make the

502

501

503

Fig. 5A

[illegible]

Fig. 5B

	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2
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**Phase IV.** Phase IV trials are also called post-marketing trials. Only after the FDA has determined that the medicine is both safe to use and equivalent or superior to existing therapies is it then made available for broader use by physicians and their patients. Phase IV trials take place after a drug has been approved. Findings from Phase IV trials provide additional information about the safety and efficacy of the drug.

### How are participant's rights and safety protected during a clinical trial?

[Back to top](#)

- Sponsors fund clinical trials. This funding can come from the federal government via the National Institutes of Health (NIH) or directly from pharmaceutical and biotech companies.
- The clinical trial sponsor contracts with specialized physicians and/or researchers to administrate the trial. Settings for the trials could range from the physician's office to a hospital or research facility. Reimbursement for this service is typically paid out on a per-patient basis.
- Sponsors may pay you to participate in a clinical trial. Typically, these fees, when provided, are nominal.
- Medical care is often provided at no cost to the

FIG 5C

12/89

patients, but they still may be responsible for other expenses such as travel between their homes and the healthcare facility.

Patients may also have to pay for some medical procedures, tests, or hospital stays if these are considered a part of standard treatment and not part of the clinical trial. Before you enroll, you should determine exactly who pays for what services.

[Back to top](#)

### Where can you get more information about clinical trials?

If you or someone you know has a medical problem and is thinking about taking part in a clinical trial, speak to your healthcare provider first. In taking an active role in the management of your health, you may want to work closely with your provider to find out if a particular clinical trial is right for you.

[Back to top](#)

### Questions you need to ask.

- What is the length of your involvement in the clinical trial? How long will the trial last?
- Where will you have to go in order to participate in the clinical trial?
- What are the possible treatments you may receive while in the clinical trial?
- Do the treatment alternatives they provide cover all possible treatments for this disease? If not, what are your other treatment alternatives?
- What procedures are built into the study to keep you safe from harm while you are participating?
- What are the risks and benefits of participating in the clinical trial?
- If there are risks, what will happen should you have an adverse reaction to the treatment in the study?
- What costs may you incur if you participate?
- Will the treatment be available to you even after the clinical trial has concluded?
- Where are the funds coming from to conduct this trial? What is their purpose in sponsoring the trial?

You should also feel free to ask any other question about the trial you want answered.

[Back to top](#)

### Common terms used in clinical trials.

**Clinical trial:** A clinical trial - also called a clinical study or clinical research - is a way to evaluate the safety and

Fig 5D

13/89

benefits of a new drug in a carefully controlled setting. The new drug is tested in people who volunteer to participate in the trial.

**Clinical investigator:** A clinical investigator is a doctor or scientist who is responsible for carrying out the planned research activities for a clinical trial. Typically, the doctors chosen for these clinical activities are experts within their medical specialties.

**Coordinator:** A coordinator is a person (usually a nurse or other medical professional) who is responsible for organizing the planned clinical research activities for a trial. The coordinator is also responsible for taking care of important study documents.

**Food and Drug Administration:** The Food and Drug Administration is often referred to as the FDA. The FDA is a government agency that develops policies and guidelines that protect the rights, safety, and well-being of people involved in clinical research. The FDA also enforces the laws that govern the approval, regulation and monitoring of drugs and medical devices.

**Informed consent:** Informed consent is a process that confirms a patient understands the nature of the study, the risks involved, and the expected benefits of treatment. A written and dated form called the "informed consent form" is signed by a patient to document this process.

**Institutional Review Board:** An Institutional Review Board is usually referred to as the "IRB." The IRB is a group of medical, scientific, and nonscientific people that are responsible for reviewing and approving the planned clinical activities of a study. The group ensures the protection of the rights, safety, and well-being of patients who volunteer for clinical trials.

**Investigational treatment:** Investigational treatment is another term for the drug, treatment, or medical device that is studied in a clinical trial.

**Principal investigator:** The principal investigator is the doctor or researcher who is put in charge of all clinical activities at a particular study location and who supervises the care of patients in the study.

**Protocol:** A protocol is a plan that contains guidelines for a clinical study. The pharmaceutical or biotechnology company that discovered the investigational treatment usually develops the protocol.

**Sponsor:** The sponsor is the organization that funds a clinical trial and that develops a plan for the research. The organizations can be a pharmaceutical or biotech company, a research institution, or other health organization.

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Fig. 5E

[Back to top](#)

[illegible]

FIG. 5F

15/09

Search

go

Feature Stories

News Archive

Ask the Expert

About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

Search clinical trials

go

Home / Cancer /

Clinical Trials

Search Clinical Trials

Use these search criteria to find clinical trials.

Select a condition

and/or

Select a state

go

Contact me for a clinical trial

Welcome to Clinical Trials

When a promising new medication is identified, careful evaluation of the safety and effectiveness of the drug then occurs in the clinical trials process. Typically, the doctors chosen to conduct clinical trials are experts within their medical specialties. Findings from the clinical trials are reported by the pharmaceutical or biotechnology company that is sponsoring the clinical trial to the US Food and Drug Administration — the FDA. Only after the FDA has determined from reviewing the findings from clinical trials that the medicine is both safe to use and effective is it then made available for broader use by doctors and their patients.

Doctors conducting clinical trials frequently ask their patients if they are interested in volunteering to participate in a clinical trial. Each trial has different requirements for how it is conducted, such as conditions for patient eligibility, length of the study, dosage of the study drug, and types of medical procedures, to name a few. If you are interested in participating in a clinical trial, it is very important that you review these requirements with the doctor conducting the clinical trial to ensure your eligibility and to determine the potential benefits and risks from the trial.

If you are looking for information on where clinical trials are taking place and the types of trials that are available, you can search our clinical trials listing. If you want to learn more about clinical trials, please see our About Clinical Trials page. These are the first steps in learning about clinical trials and in deciding how medical research on

600

602

601

603

604

FIG. 6A





17/89

FIGURE 605

Search

Search clinical trials

Go

Feature Stories

News Archive

Ask the Expert

About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

General Trial Interest Form

Please select the therapeutic areas and the specific conditions that interest you. Select up to three conditions below. Your selection(s) will be saved to the Medical Conditions section of My Profile, where you can select additional conditions.

Primarily interested

☒ for myself

☐ for someone else

Select therapeutic area

Go

Select therapeutic area

Go

Select therapeutic area

Go

How would you like us to contact you?

☒ by email

☐ by phone

☐ by regular mail

First Name

Last Name

Phone #

ext.

Email

Address

City

State

ZIP Code

Best time to contact you

day

Willing to travel

1-10 miles

Submit

Cancel

605

606

607

608

609

FIG. 6C

610

611

18/09

home | register | login | my library | my profile | about us | help

Search  Search clinical trials

**Register** Step 1 of 3

**Welcome!**  
To register with [ ] we invite you to complete the following questionnaire about you and your health. This should take approximately 5 minutes to complete. [ ] will use the information to present you with new medical therapy and clinical trial information that is of specific interest to you.

Your privacy and security are very important to us; therefore we encourage you to review our [Privacy & Security Policy](#)

**Choose Your Username and Password**

Please choose a username

Please choose a password

Please re-type your password

Choose your reminder question

Please enter your answer to the question

**Are you seeking information for yourself, or for someone else?**

☐ I am seeking information for myself

☐ I am seeking information for someone else

with

Internet

Fig 6D

19/89

home | register | login | my library | my profile | about us | help

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**Personal Information / Medical Conditions** Step 2 of 3

*\* denotes required information*

**Personal Information**

Salutation

First Name \*   
(Please enter your first name or the name you prefer to be called when you are welcomed to the site.)

Last Name

Birthdate (month/year)\*

Gender \*

Ethnic Background

**Contact Information**

Email Address \*

Telephone Number  -  -  ext

Postal or Zip Code \*

Country

☐ I do not want to receive information by e-mail

**Medical Conditions**

By completing this section, you will help us to provide you with information that meets your interests.

I am interested in the following conditions \* (you may choose more than one):

Medical Conditions *		My Conditions:
Acne	<input type="button" value="Add &gt;"/>	Alopecia (Hair Loss)
AIDS/HIV		Cancer: Prostate
Allergies	<input type="button" value="Remove &lt;"/>	Seizures (Epilepsy)
Alopecia (Hair Loss)		

20/69

home | register | login | my library | my profile | about us | help

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**Information Request** Step 3 of 3

I would like to receive information about my conditions:

**Alopecia (Hair Loss):**

☐ Send me Clinical Trial Opportunities  
☐ Send me News and New Medical Therapies  
☐ Do not send me information

**Cancer - Prostate:**

☐ Send me Clinical Trial Opportunities  
☐ Send me News and New Medical Therapies  
☐ Do not send me information

**Seizures (Epilepsy):**

☐ Send me Clinical Trial Opportunities  
☐ Send me News and New Medical Therapies  
☐ Do not send me information

**Terms and Conditions**

Please read the following Terms and Conditions Agreement.

TERMS AND  
CONDITIONS

By selecting "I Accept", you are accepting the Terms and Conditions above and will become a registered user.

Internet

650

Fig. 6F

21/09

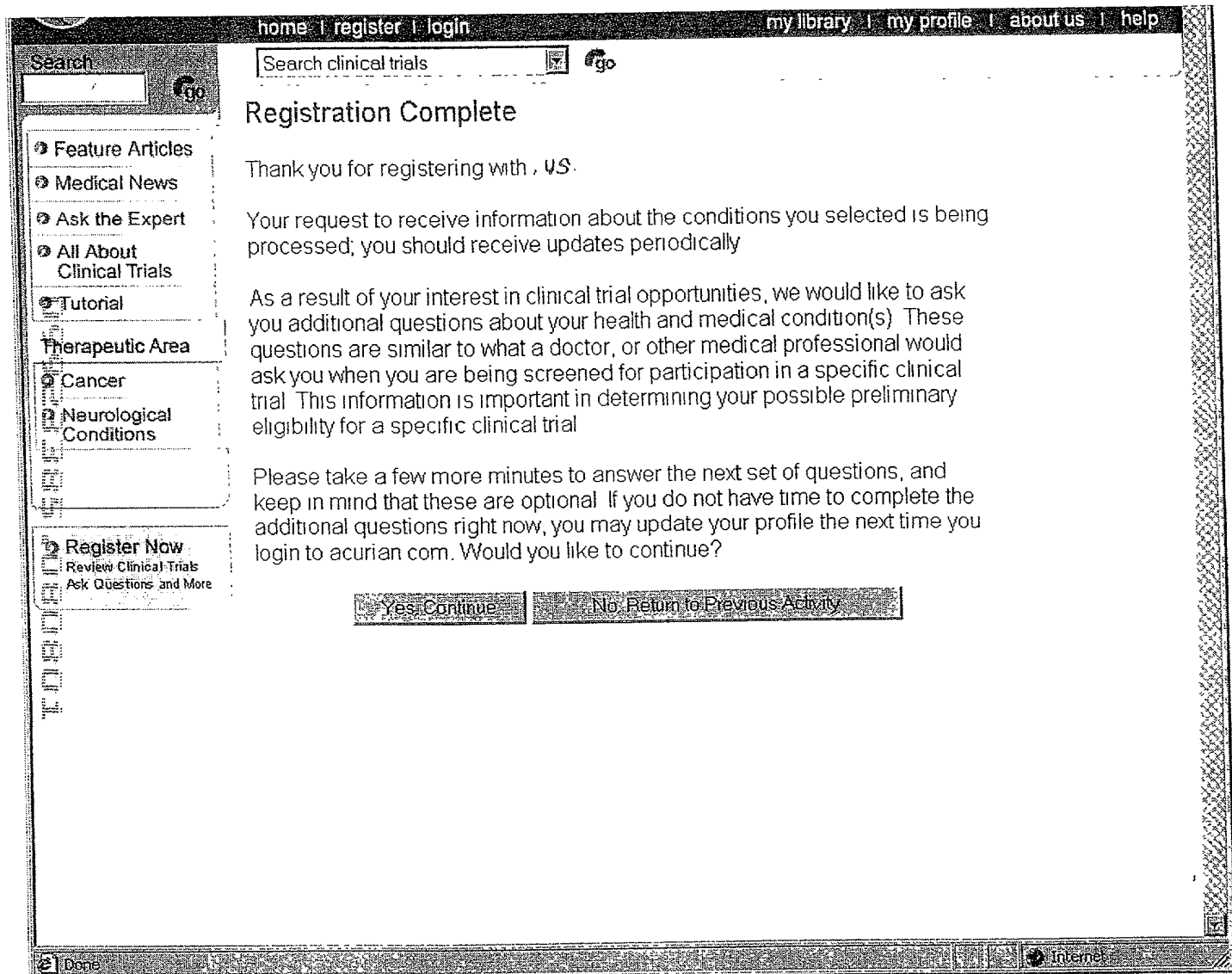


Fig. 66

24/09

[home](#) | [register](#) | [login](#)

[my library](#) | [my profile](#) | [about us](#) | [help](#)

Search

Search clinical trials

Feature Articles

Medical News

Ask the Expert

All About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

Medications (Optional)

Step 1 of 5

Are you taking prescription (Rx) or over-the-counter (OTC) medications for these conditions?

Your Medical Conditions	Prescription	Over-the-Counter	No Medications
Alopecia (Hair Loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take medications for any of the following conditions

Medication	Yes	No
Allergies or Asthma	<input type="radio"/>	<input type="radio"/>
Heartburn	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>
Thyroid Disorders	<input type="radio"/>	<input type="radio"/>
Heart Conditions	<input type="radio"/>	<input type="radio"/>

Save and Continue

Save and Return to Previous Activity

Done

Internet

Fig. 6H

23/89

home | register | login | my library | my profile | about us | help

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**Health Habits (Optional)** Step 2 of 5

It is often important to know your health habits when presenting you with possible clinical trial opportunities

How often do you exercise?

☐ Never  
☐ Once a week  
☐ Twice a week  
☐ Three times a week  
☐ Four or more times a week  
☐ Daily

How often do you visit your primary care physician?

☐ Once a year  
☐ 2-4 times a year  
☐ Every month  
☐ I do not have a primary care physician

Do you smoke cigarettes?

☐ No, I have never smoked  
☐ No, I quit smoking  
☐ Yes, daily  
☐ Yes, occasionally

If you smoke, how many cigarettes do you smoke per day?

Please enter  Cigarettes Per Day

If you smoke, how old were you when you started smoking?

Please enter  years old

Do you drink alcoholic beverages?

☐ No  
☐ Yes, occasionally  
☐ Yes, 1-2 drinks per day  
☐ Yes, more than 2 drinks per day

Overall, how would you rate your health?

☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor

Done Internet

24/69

[home](#) | [register](#) | [login](#)

[my library](#) | [my profile](#) | [about us](#) | [help](#)

Search

Feature Articles

Medical News

Ask the Expert

All About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

Search clinical trials

Clinical Trial Experience (Optional)

Step 3 of 5

A clinical trial is a carefully structured study that evaluates the effectiveness of a drug against a specific disease or condition. Clinical trials can focus on a new drug or they may be used to determine new uses for existing medications.

The following questions ask about your experience and interest in participating in clinical trials. These questions are to help us know how many members of our have participated in clinical trials before.

How many clinical trials have you participated in?

☐ 0  
☐ 1  
☐ 2 - 3  
☐ 4 or more

How interested would you be in participating in a clinical trial for a drug that might be used to treat any medical condition(s) you may have?

☐ Very Interested  
☐ Somewhat Interested  
☐ Not Sure  
☐ Not Interested

If interested in clinical trial participation, how far would you be willing to travel to participate in a clinical trial?

☐ 1 - 10 miles  
☐ 11 - 50 miles  
☐ 51 - 100 miles  
☐ More than 100 miles  
☐ Any distance

Done

Internet

Fig. 6J



25/89

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Search  Search clinical trials

**Clinical Trial Questions** Step 4 of 5

Earlier in the registration process, you expressed interest in clinical trial opportunities. When you are screened for a clinical trial, the doctor at the trial site needs to know more information about your health and the medical condition(s) for which you have been diagnosed. Your answers to the following questions may help determine if you may potentially qualify for a specific clinical trial.

Listed below are the conditions you selected earlier in the questionnaire. After you answer questions about each condition, a check mark will appear to the right. Your information will be saved after you complete each section. If you are unable to complete these at this time, we will ask you to update your profile the next time you login to acurian.com

Condition	Questionnaire Complete
Alopecia (Hair Loss)	<input checked="" type="checkbox"/>
Cancer: Prostate	<input type="checkbox"/>
Seizures (Epilepsy)	<input type="checkbox"/>

Feature Articles  
Medical News  
Ask the Expert  
All About Clinical Trials  
Tutorial

Therapeutic Area  
Cancer  
Neurological Conditions

Register Now  
Review Clinical Trials  
Ask Questions and More

Internet

Fig. GK

26/09

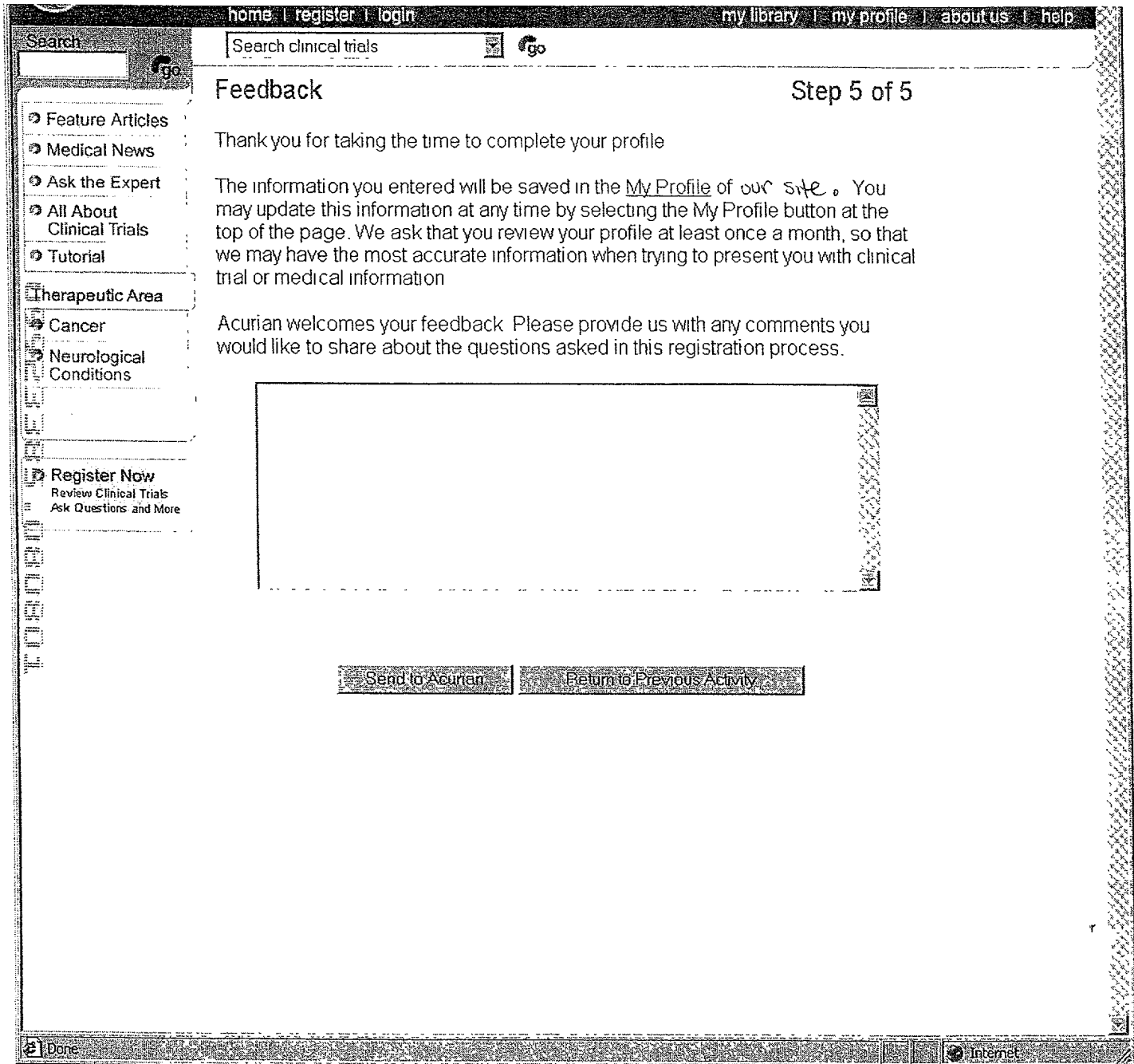


Fig 6L

27/89

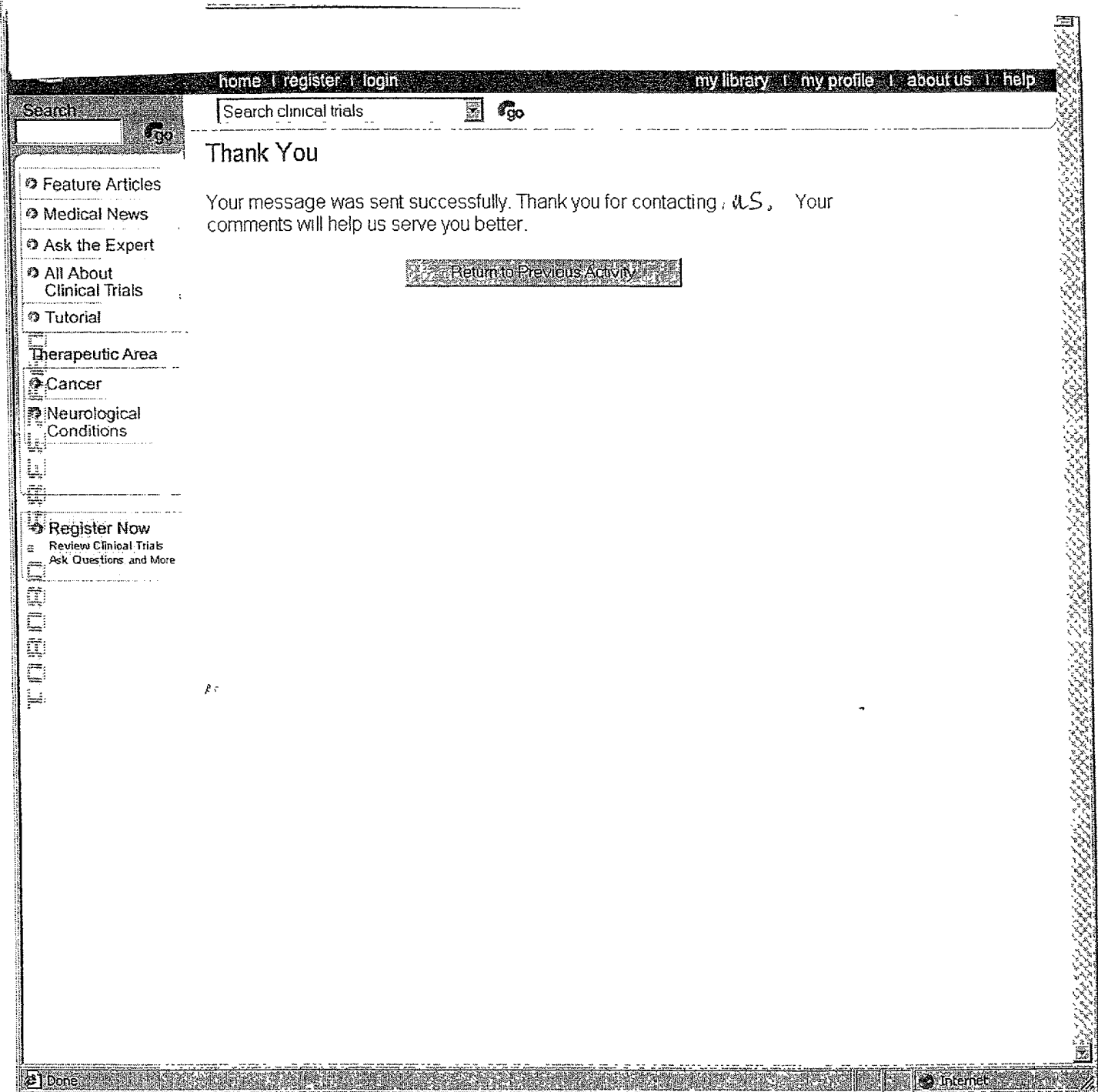


Fig- 6M

28/09

2

FIG. 612

Search

Search clinical trials

Go

Feature Stories

News Archive

Ask the Expert

About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

Home / Knowledge Center /

612

Welcome to My Library

Here's your chance to create a library of your very own. My Library is where you can store all kinds of information found throughout the site. Whether it's clinical trial information, abstracts on news articles, drug information, perspectives from our medical experts or personal stories, links to the items you select will be saved in this area for as long as you choose to keep them there. All you have to do is click the "Save to My Library" button found throughout the site.

In addition, you can type in personal notes along with the items you save. We will not access, use, or review your personal notes for any reason.

If you'd like to go directly to one of the five sections, select a link below:

News

Drug Information

Clinical Trials

Ask The Expert

Feature Stories

☐ Do not show this page again.

FIG. 612 GN

29/89

Register

/ / / Investigator Questionnaire

## Investigator Questionnaire

Step 1 of 3

Thank you for your interest in joining our investigator database. The following questionnaire will take approximately one hour to complete. The privacy and security of your information is important to us. All information you submit is transmitted over a secure server. For more information, read our .

Asterisks (\*) denote required fields.

Last Name \*

First Name \*

Middle Name

Degree(s) \*

Primary Research  
Facility's Organization or  
Institutional Name \*

Street Address \*

City \*

State / Province / Region \*

Country \*

Zip Code / Postal Code \*

Phone (with area code) \*

Telephone Extension

Fax (with area code)

Email Address

Primary Specialty \*

Board Certification(s) \* ☐ Yes ☐ No

Year of Certification

Board Eligible \* ☐ Yes ☐ No

Sub Specialty

Board Certification(s) ☐ Yes ☐ No

Year of Certification

Board Eligible ☐ Yes ☐ No

Number of years

Investigator has  
participated in trials? \*

700

701

702

703

704

705

706

FIG 7A

30/89

p

Indicate all phases of clinical research in which the Investigator participated \*

- ☐ Phase I ☐ Phase II  
☐ Phase III ☐ Phase IV

706

How many investigators conduct research at this PRF? \*

☐ investigators

707

Is the Investigator affiliated with:  
(check all that apply)

- ☐ Local IRB ☐ Central IRB  
☐ IEC (Canadian sites only)

If affiliated with a local IRB, what is its name?

How often does the local IRB meet?

- ☐ Weekly ☐ Bi-weekly  
☐ Monthly ☐ As Needed  
☐ Other

If "other", frequency of local IRB meeting?

How soon after the IRB meeting will you receive an approval letter?

708

Has the Investigator ever been audited by the Food & Drug Administration (FDA) or any other regulatory agency?

☐ Yes ☐ No

1. If yes, what was the date of the audit?

Who was the auditor?

If audited, was a 483 issued?

☐ Yes ☐ No

What were the results of the audit?

2. If yes, what was the date of the audit?

Who was the auditor?

If audited, was a 483 issued?

☐ Yes ☐ No

What were the results of the audit?

709

FIG. 7B

Table 1. Demographic characteristics of the study population	
Age (years)	65.0 ± 10.0
Gender	
Male	50 (50.0%)
Female	50 (50.0%)
Education (years)	12.0 ± 2.0
Marital status	
Married	40 (80.0%)
Single	10 (20.0%)
Occupation	
Retired	30 (60.0%)
Unemployed	20 (40.0%)
Income (USD/month)	1000.0 ± 200.0
Health status	
Good	30 (60.0%)
Poor	20 (40.0%)
Comorbidities	
Hypertension	15 (30.0%)
Diabetes	10 (20.0%)
Cholesterol	12 (24.0%)
Arthritis	8 (16.0%)
Other	5 (10.0%)
Medication	
Yes	20 (40.0%)
No	30 (60.0%)
Smoking status	
Smoker	10 (20.0%)
Non-smoker	40 (80.0%)
Alcohol consumption	
Yes	5 (10.0%)
No	45 (90.0%)

☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Single specialty

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Solo practice

☐ Yes ☐ No

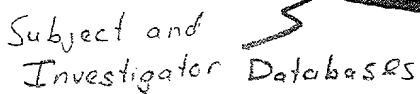
--

☐ Yes ☐ No

 Save and Continue

— — — — —

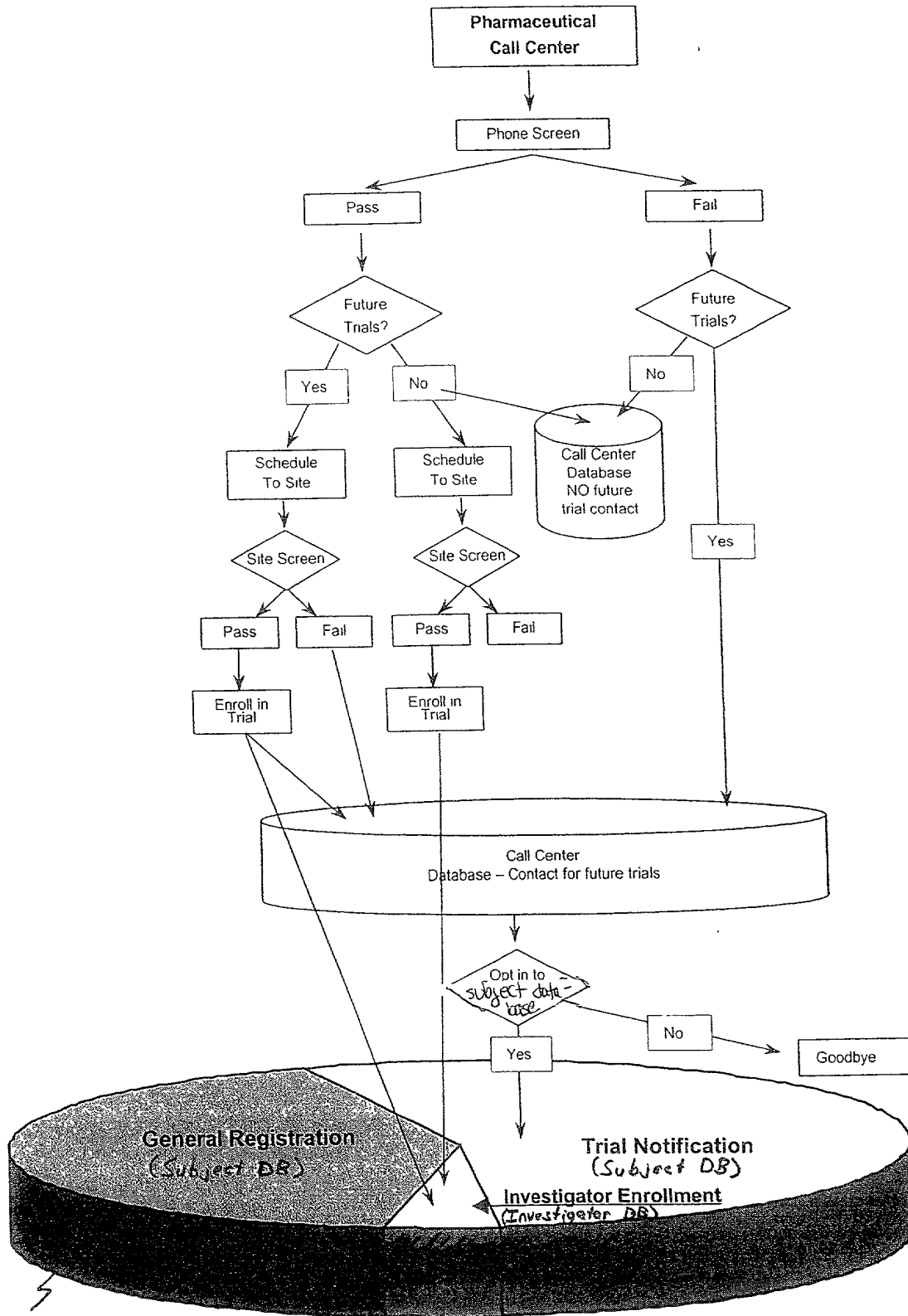
FIG. 7C

[illegible]



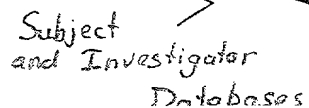
33/89

095336-00000



Subject and Investigator Databases

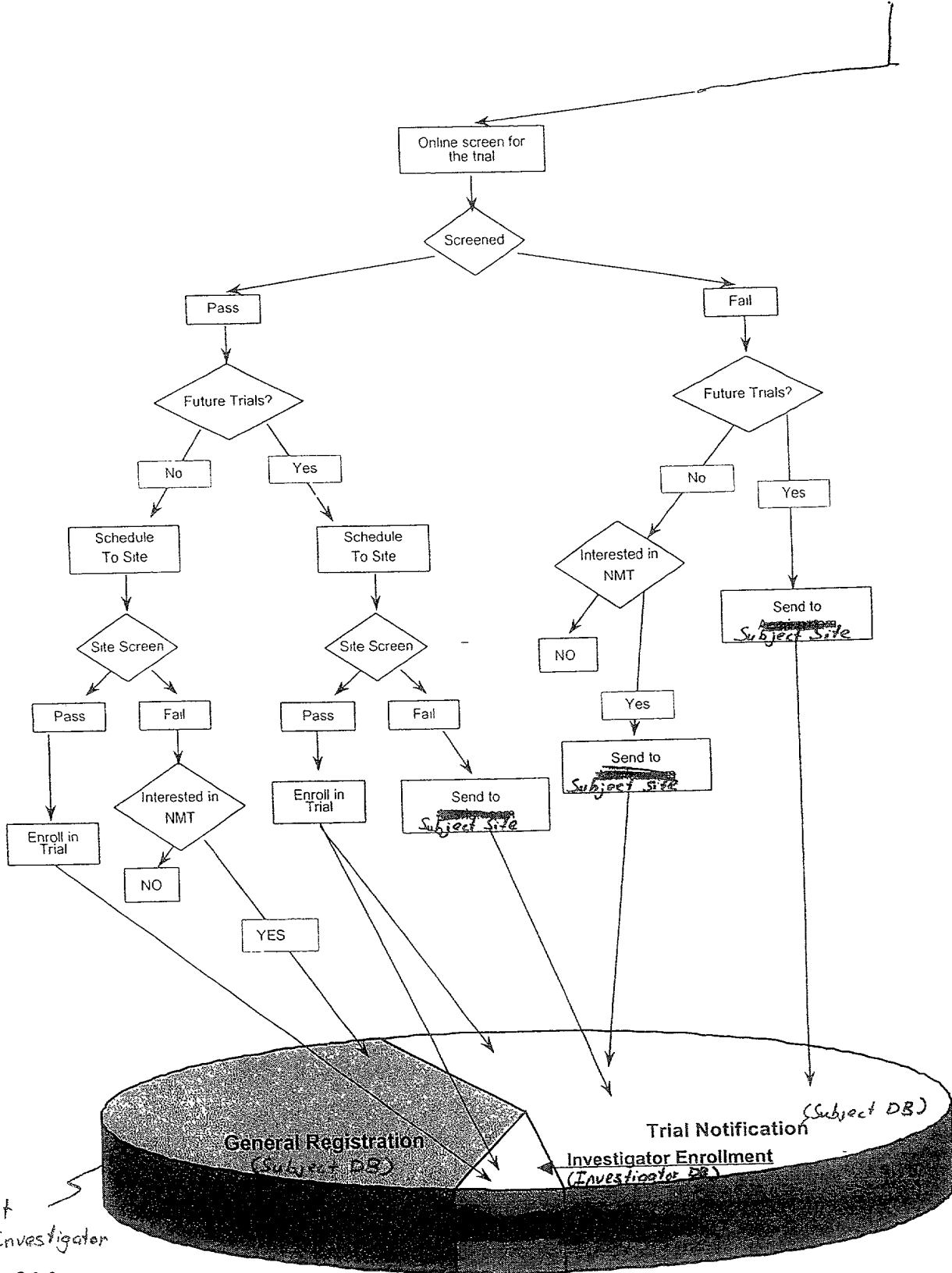
Fig. 7E

[illegible]

35/69

Person Visits  
3rd-Party On-line  
Recruitment Site

054333-00001



36/89

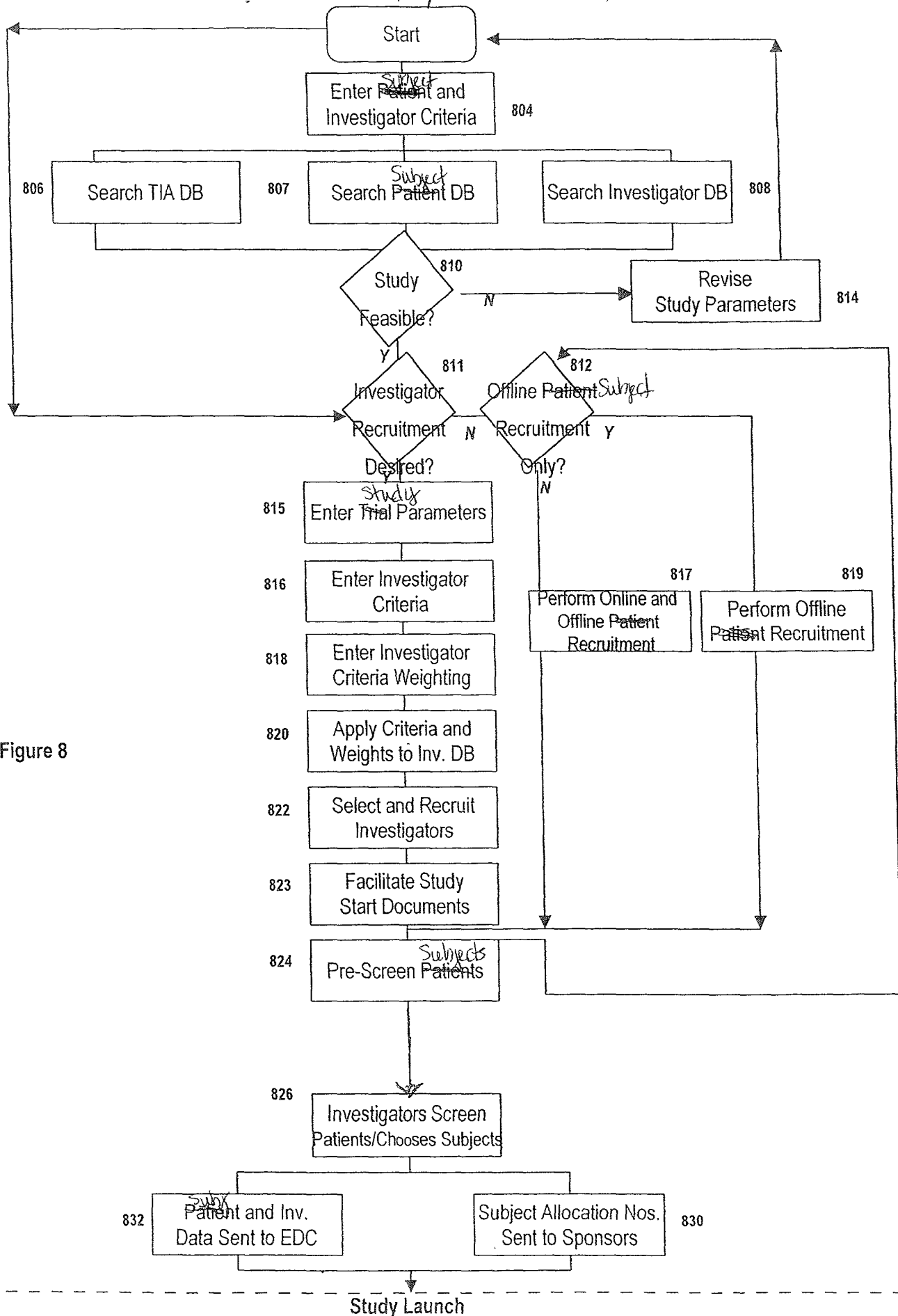


Figure 8

FORM 30-5822660

37/49



[register](#)[contact us](#)[help](#)

Welcome

[Home](#) / [Active Trials](#) / [Create Trial Parameters](#)

### Create Trial Parameters

To create an Active Trials files for a specific protocol please enter or select (from a drop down box) information to create trial parameters.

[Register](#)[Services](#)[FAQ](#)

*All fields required*

Protocol Number

Protocol Title

Therapeutic Area

Disease Indication

Projected Number of Sites

Projected Number of Patients per Site

Projected Trial Start Date   (Month/Year)

Projected Trial Stop Date   (Month/Year)

Projected Enrollment Period (in months)

Trial Phase

[Save Trial](#)[Save & Search for Investigators](#)

Fig - 9

38/89

### Step 1:

To identify potential investigators - please select a specialty.

Note: To select more than one specialty, point to the specialty and press control click. Limit of 2 selections.

Addiction Psychiatry  
Adolescent Medicine  
Aerospace Medicine  
Allergy & Immunology

### Step 2:

To include the prescribing behavior data in the investigator search results class relevant to the therapeutic area and indication. optional

Note: To select more than one drug class, point to the specialty and press control click. Limit of 2 selections.

No Drug Class  
Acne Therapy  
Aids Therapies  
All Other Misc Ethical Drugs

### Step 3:

To include the number of trials conducted by the investigator in the search a number. optional

1

### Step 4:

To access additional databases to enhance the investigator selection process selections below. optional

Patient Therapeutic Area

Patient Disease Indication

Patient Disease Indication Encounter Category

Note: To select more than one patient disease indication encounter category, point to the specialty and press control click. Limit of 2 selections.

-Select a Category-

Case Load Estimates - Malignancy of hepatobiliary system of pancreas  
Inpatient Discharge Diagnosis - Malignant neoplasm of pancreas

Patient Distance from Site (in miles)

<= 3

### Step 5:

To limit search by geographical location- please enter your selections below

Municipal Area

-Select a Municipal Area-

39/69

Medical Numbers  
1284-5678

Register

Services

FAO

Security &  
Privacy Policy

Active Trials  
Close Trial

Home

/ Active Trials / Trial #1 A. Blance / Search

### Investigator Search Results

The following investigator search results reflect the investigator search criteria and the patient demographic data selected in the Investigator Search. Review selections by scrolling down this page or by clicking here: Investigator Search Criteria Summary. Click a column heading to sort by that column

Displaying 1-20 out of 682 results

### Search Results:

Name	Specialty	City, State	Patient Demographic Information	Prescribing Details	Subjects
James, J.	Cardiovascular Disease	SEATTLE, WA	35 46-Average Length of Stay - Angin...	1-Anticoagul...	10
Hargrett, J.	Cardiovascular Disease	LA JOLLA, CA	28 4-Average Length of Stay - Angin...	1-Anticoagul...	38
Tracy, C.	Cardiovascular Disease	SALT LAKE CITY, UT	27 5-Average Length of Stay - Angin...	9-Anticoagul...	10
Schubert, J.	Cardiovascular Disease	MILWAUKEE, WI	27 9-Average Length of Stay - Angin...	1-Anticoagul...	20
Tracy, C.	Cardiovascular Disease	CINCINNATI, OH	25 36-Average Length of Stay - Angin...	10-Anticoagul...	20
Robinson, C.	Cardiovascular Disease	MCMURRAY, PA	25 6-Average Length of Stay - Angin...	6-Anticoagul...	10
Medina, L.	Cardiovascular Disease	OKLAHOMA CITY, OK	24 10-Average Length of Stay - Angin...	3-Anticoagul...	15
Kramer, S.	Cardiovascular Disease	PITTSBURGH, PA	22 27-Average Length of Stay - Angin...	1-Anticoagul...	12
Boyle, J.	Cardiovascular Disease	HILLSBORO, OR	20 7-Average Length of Stay - Angin...	3-Anticoagul...	4
Smith, S.	Cardiovascular Disease	FOX HOLE, WI	18 4-Average Length of Stay - Angin...	1-Anticoagul...	12
Smith, S.	Cardiovascular Disease	FORT MYERS, IN	17 2-Average Length of Stay - Angin...	9-Anticoagul...	16
Ward, J.	Cardiovascular Disease	BALTIMORE, MD	16 2-Average Length of Stay - Angin...	5-Anticoagul...	11
Hamilton, P.	Cardiovascular Disease	DURHAM, NC	16 6-Average Length of Stay - Angin...	3-Anticoagul...	22
Ward, J.	Cardiovascular Disease	PEORIA, IL	13 13-Average Length of Stay - Angin...	5-Anticoagul...	4
Ward, J.	Cardiovascular Disease	SALT LAKE CITY, UT	13 4-Average Length of Stay - Angin...	6-Anticoagul...	1
Robinson, C.	Cardiovascular Disease	CHARLESTON, SC	13 5-Average Length of Stay - Angin...	1-Anticoagul...	9
Robinson, C.	Cardiovascular Disease	BUFFALO, NY	12 4-Average Length of Stay - Angin...	5-Anticoagul...	6
Robinson, C.	Cardiovascular Disease	SELLERSVILLE, PA	12 3-Average Length of Stay - Angin...	10-Anticoagul...	1

Next 20 >

0923170000

FIG 11

40/49

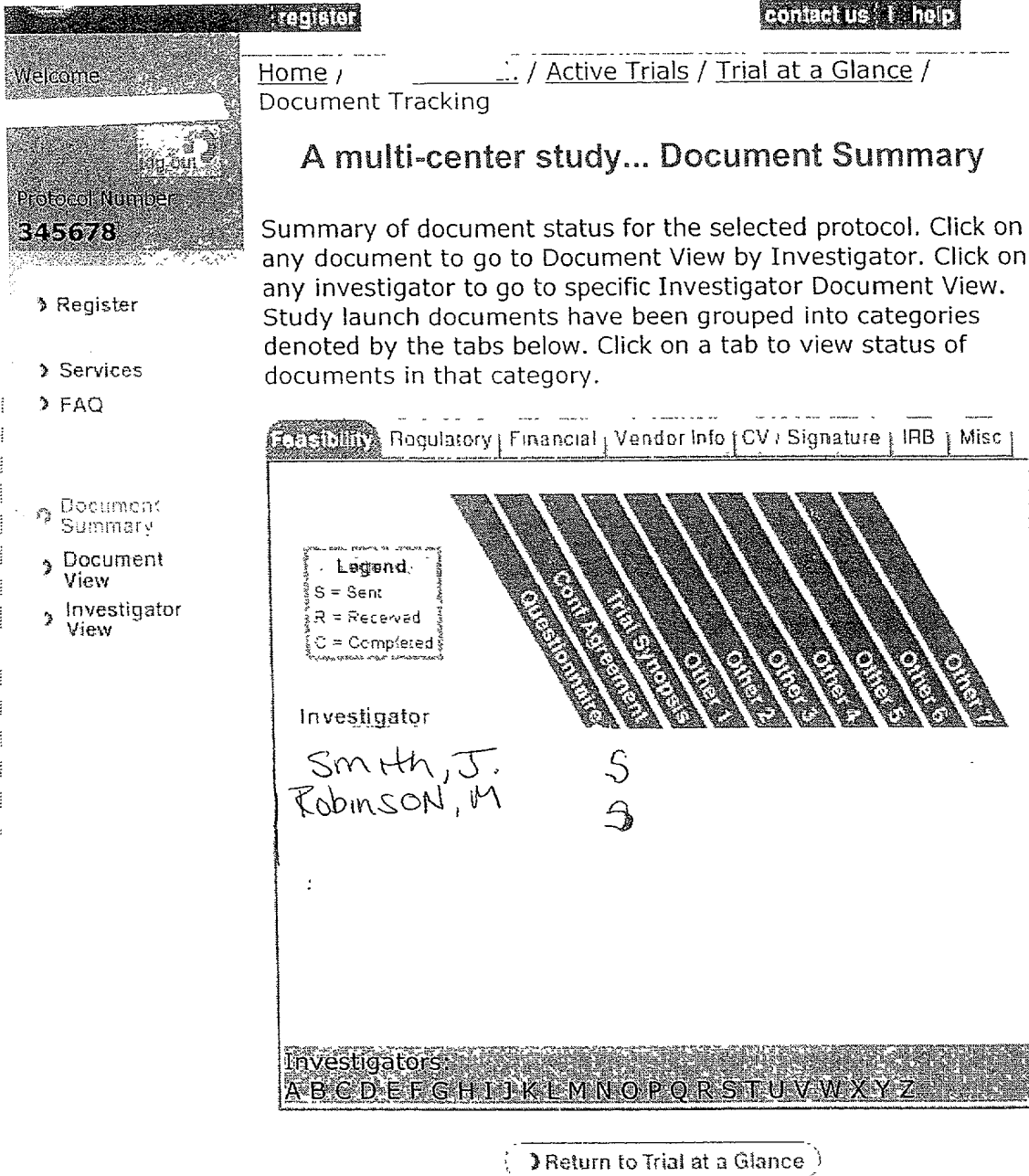


Fig. 12



4/89

FORM 5922-60

register
contact us | help

Welcome

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Protocol Number

**345678**

Home / [Active Trials](#) / [Trial at a Glance](#) / [Document Tracking](#) / [Document View by Investigator](#)

## Document View by Investigator

Summary of document status by investigator. Click on any investigator to go to document history of the document selected in the drop down box. Study launch documents have been grouped into categories denoted by the tabs below. Click on a tab to view status of documents in that category.

- Register
- Services
- FAQ
- Document Summary
- Document View
- Investigator View

Feasibility
Regulatory
Financial
Vendor Info
CV / Signature
IRB
Misc

Document: Questionnaire Create New Document

Investigator	Date Sent	Date Rec'd	Date Completed
Smith J	1/27/01	1/27/01	1/28/01

Investigator: ABCDEFGHIJKLMNOPQRSTUVWXYZ

FIG 13

Variable	Mean	Standard Deviation	Minimum	Maximum
Age	34.5	10.2	21	55
Gender	0.5	0.5	0	1
Marital Status	0.7	0.5	0	1
Education	12.5	1.5	9	16
Income	15000	5000	5000	30000
Health	0.8	0.4	0	1
Stress	0.6	0.5	0	1
Depression	0.3	0.5	0	1
Life Satisfaction	0.7	0.4	0	1
Work Satisfaction	0.6	0.5	0	1
Family Satisfaction	0.7	0.4	0	1
Community Satisfaction	0.6	0.5	0	1
Overall Satisfaction	0.6	0.4	0	1

Sent: June 6, 2000

You may qualify for an upcoming clinical trial opportunity. For additional information go to <https://www.website.com/study/zz-234567-22>\* and complete the study specific questionnaire.

Sincerely,

If you have received this message in error or no longer would like to be considered or contacted about clinical trials please go to <http://www.Service.com/remove>

Fig. 14

43/89

In order to evaluate whether you may be eligible for this study, we will need to review some of your medical history. Are you legally able to provide us with this information for the potential study participant?

Yes, I am the potential study participant

Yes, I am a caregiver for the potential study participant with the ability to provide the potential participant's information for the purpose of seeking enrollment in clinical studies

No, I am not legally able to provide this information.

In answering the following questions, "you" or "your" refers at all times to the potential study participant.

Please provide your gender.

- ☐ Male
- ☐ Female

How did you hear about this study?

- ☐ Internet
- ☐ Newspaper Ad
- ☐ Newspaper Article
- ☐ Radio Ad
- ☐ Radio Public Service Announcement
- ☐ TV Ad
- ☐ TV program
- ☐ Physician
- ☐ Friend
- ☐ Support Group
- ☐ Patient Ed Materials
- ☐ Cardiology Newsletter
- ☐ Other, please specify: \_\_\_\_\_

The purpose of this medical research study is to evaluate the effect of an investigational drug on the ability to reason, remember, imagine, and learn in humans who have already been diagnosed with mild to moderate probable Alzheimer's Disease. You must live with a caregiver or receive daily visits from a responsible caregiver. The caregiver must be familiar with your recent medical history and be willing to come to 7 doctor visits for a period of 6 months.

After these questions are answered we may be able to refer you to a research site for further screening. After the site reviews your responses to the screening questions, a nurse or other person at the research facility will be calling you. At that time, it will be determined if a first visit should be scheduled to determine whether this study is appropriate for you.

Have you been diagnosed with Alzheimer's disease?

- ☐ Yes
- ☐ No

Have you experienced a deterioration in memory over at least the last 6 months?

Yes 15A

44/89

- ☐ Yes
- ☐ No

Click the box next to the following if you have experienced a decline in any of the following in at least the last 6 months:

- ☐ orientation
- ☐ judgement
- ☐ problem solving
- ☐ functioning in community affairs
- ☐ functioning in home or hobbies
- ☐ functioning in personal care

Do you live in a residential home?

- ☐ Yes
- ☐ No

Click the box next to the person who will serve in the role of Caregiver:

- ☐ I am the Caregiver
- ☐ Friend
- ☐ Relative
- ☐ Paid personnel
- ☐ No Caregiver

1. Please enter your date of birth:

Day      Month      Year (pull-down boxes)

- ☐ If female, continue with question 2
- ☐ If male, continue with question 6

2. Are you / Is (Patient) surgically sterile or post-menopausal for 1 year or more?

- ☐ Yes – continue with question #6
- ☐ No – continue with question #3

3. Do you / Does (Patient) have any other neurological conditions such as:

- ☐ Parkinson's disease
- ☐ Pick's disease
- ☐ Huntingtons chorea
- ☐ Down's syndrome
- ☐ Creutzfeldt-Jacob disease
- ☐ Other \_\_\_\_\_

4. Do you now or did you at any time, have one or more of the following conditions resulting in your memory or *cognitive* impairment:

FIG. 15B

45/69

- ☐ Major head injury
- ☐ Injury caused by trauma such as boxing
- ☐ Vitamin deficiency
  - ☐ Type [drop down menu]
- ☐ Brain abscess
- ☐ Syphilis
- ☐ Meningitis
- ☐ AIDS
- ☐ Brain cancer
- ☐ Thyroid, parathyroid, or pituitary disease
- ☐ Cushing's syndrome
- ☐ Kidney failure
- ☐ Uncontrolled diabetes
- ☐ Mental retardation

5. Do you have a history of any of the following:

- ☐ Stroke within the past 12 months
- ☐ Epilepsy or convulsions (Childhood convulsions caused by fever continue)
- ☐ Major depression
- ☐ Stomach ulcer that is currently being treated
- ☐ Liver, kidney, or lung disease
- ☐ Kidney stones

6. Have you had a heart attack or coronary artery bypass graft surgery within the past 6 months?

- ☐ No
- ☐ Yes

7. Do you experience angina (chest pain) that required a change in medication in the past 3 months?

- ☐ Yes
- ☐ No

8. Has a doctor told you that you have a heart rate that is slow or less than 50 beats per minute?

- ☐ Yes
- ☐ No

9. Do you take medication for high blood pressure or chronic low blood pressure?

- ☐ Yes
  - ☐ Medication(s) taken: [drop down menu]
- ☐ No
- ☐ Don't know

F16. ISC

46/89

10. Do you take any medications for the purpose of treating memory loss such as dementia?
- ☐ Yes
  - ☐ No
11. Are you allergic to any medications?
- ☐ Yes
    - ☐ Which Medication(s) [drop down menu]
  - ☐ No
12. Are you taking any other medications including vitamins or herbal supplements such as Ginkgo Biloba?
- ☐ Yes
    - ☐ Which Medication(s) [drop down menu]
  - ☐ No
13. Have you ever been enrolled in a research study for galantamine?
- ☐ Yes
  - ☐ No
  - ☐ Don't know
14. Have you taken an investigational drug in the past 30 days or are you taking one now?
- ☐ No, I have not taken an investigational drug in the past 30 days
  - ☐ Yes, I have taken an investigational drug in the past 30 days
  - ☐ Yes, am taking an investigational drug now
15. How many drinks do you consume in a typical 24-hour period?
- ☐ 1-2 drinks
  - ☐ 3-5 drinks
  - ☐ 6-8 drinks
  - ☐ more than 8 drinks
16. Have you/patient had a CT scan or MRI of the head during the last 12 months?
- Yes
- No

FIG. 15D

We appreciate your interest in this study. Unfortunately, from the information you have provided, you are not a candidate for participation in this study. May we have your permission to contact you in the future with information about this or other studies?

- Yes, contact me.
- No, I do not want to be contacted.

[illegible]

FIG. 15E

48/89

SCREEN #3: PATIENT POTENTIALLY ELIGIBLE FOR STUDY:

Based on your responses, you may be eligible for the clinical study. We will forward this information to the research site you selected. The research site will contact you shortly to ask you further questions about your health, and possibly to schedule an appointment for the first visit. In the meantime, we will send you a Welcome Kit that contains information about the study. If the site does not contact you within 5 – 7 business days, please feel free to call the number that will be included in your mailed materials.

In the event that you do not participate in this particular study, may we have your permission to contact you in the future about other studies?

- ☐ Yes, contact me
- ☐ No, I do not want to be contacted

0902365-0000  
T03030-5852650

FIG. 15F



44/69

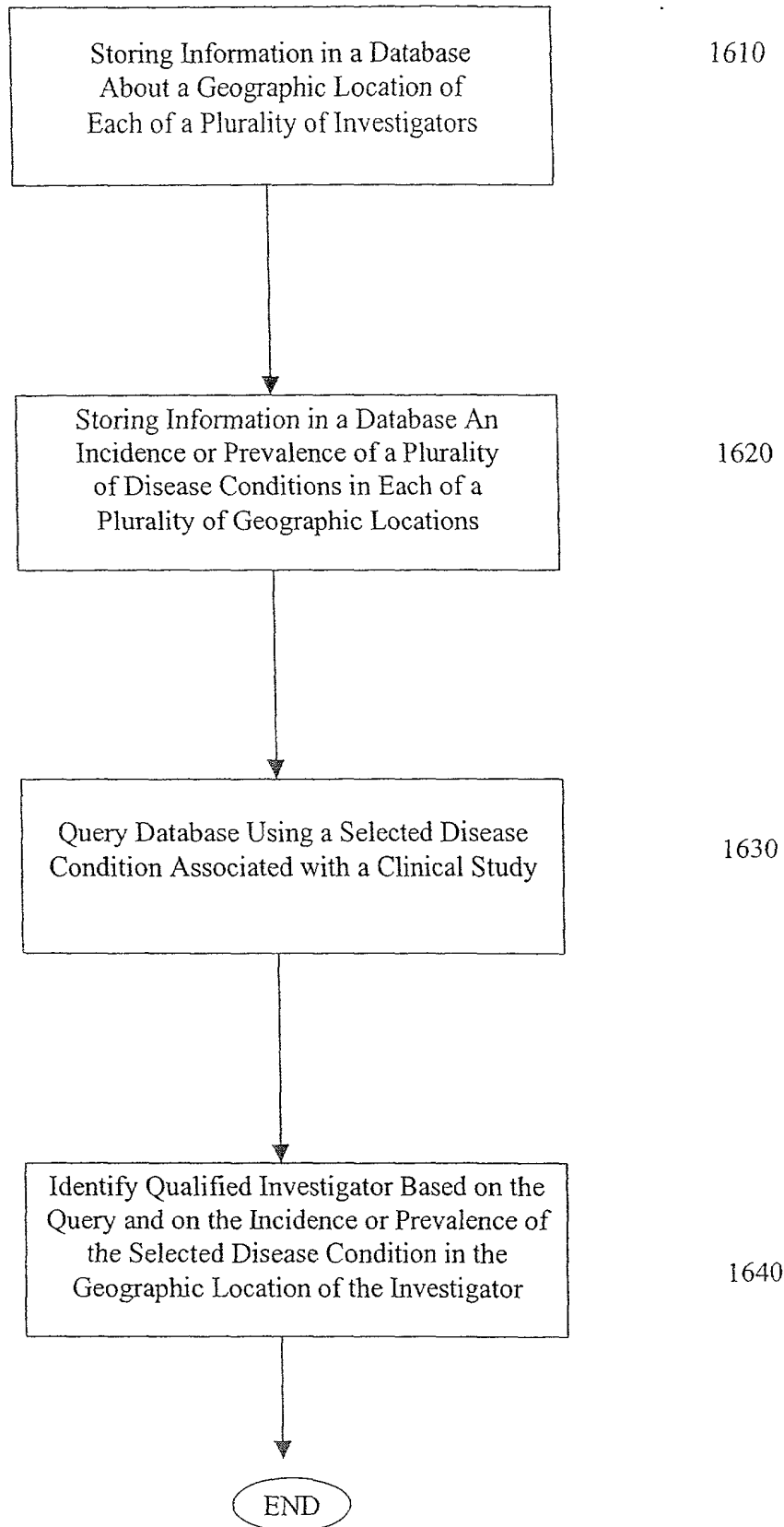


FIG. 16

50/89

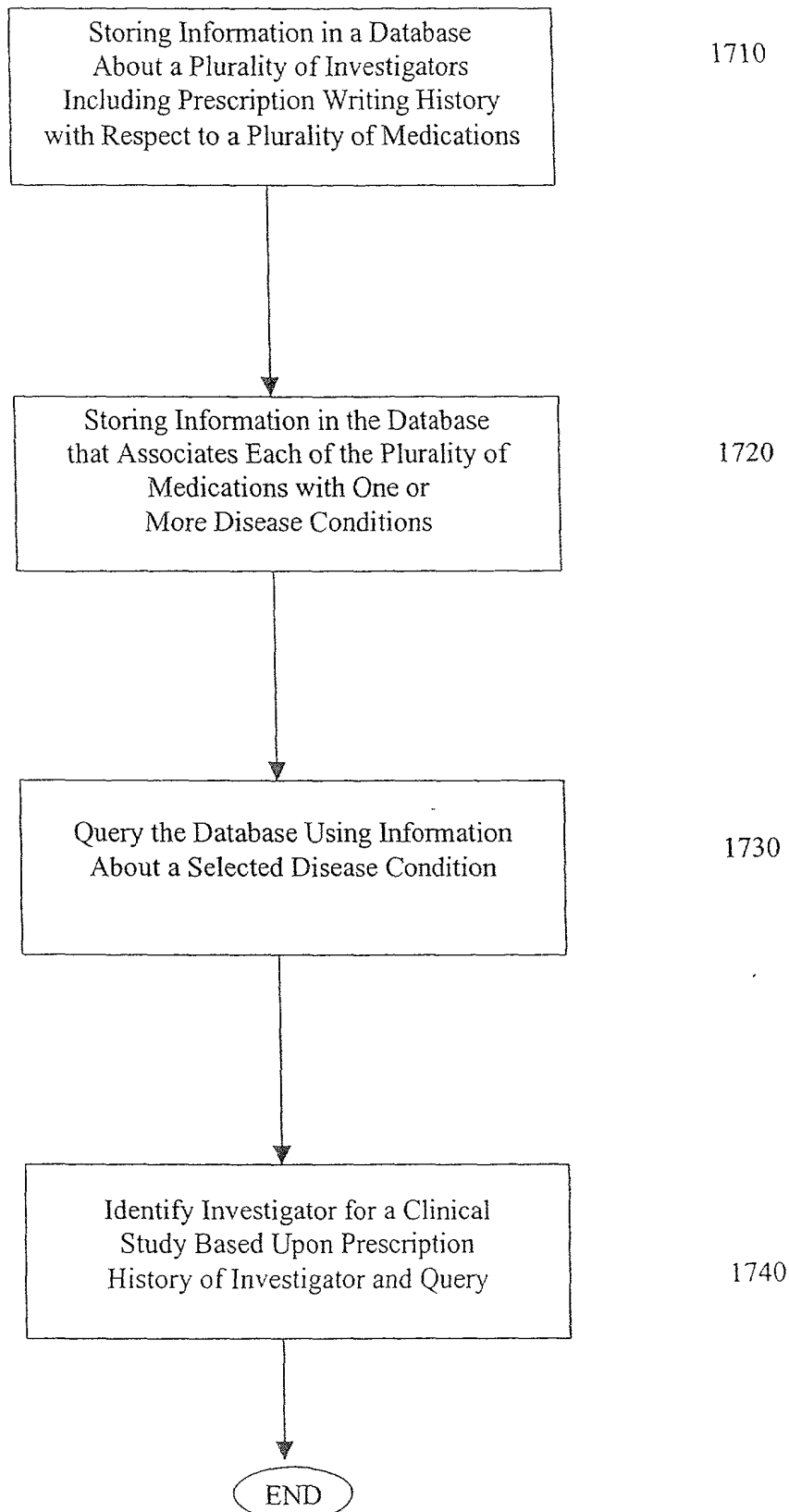


FIG. 17

51/69

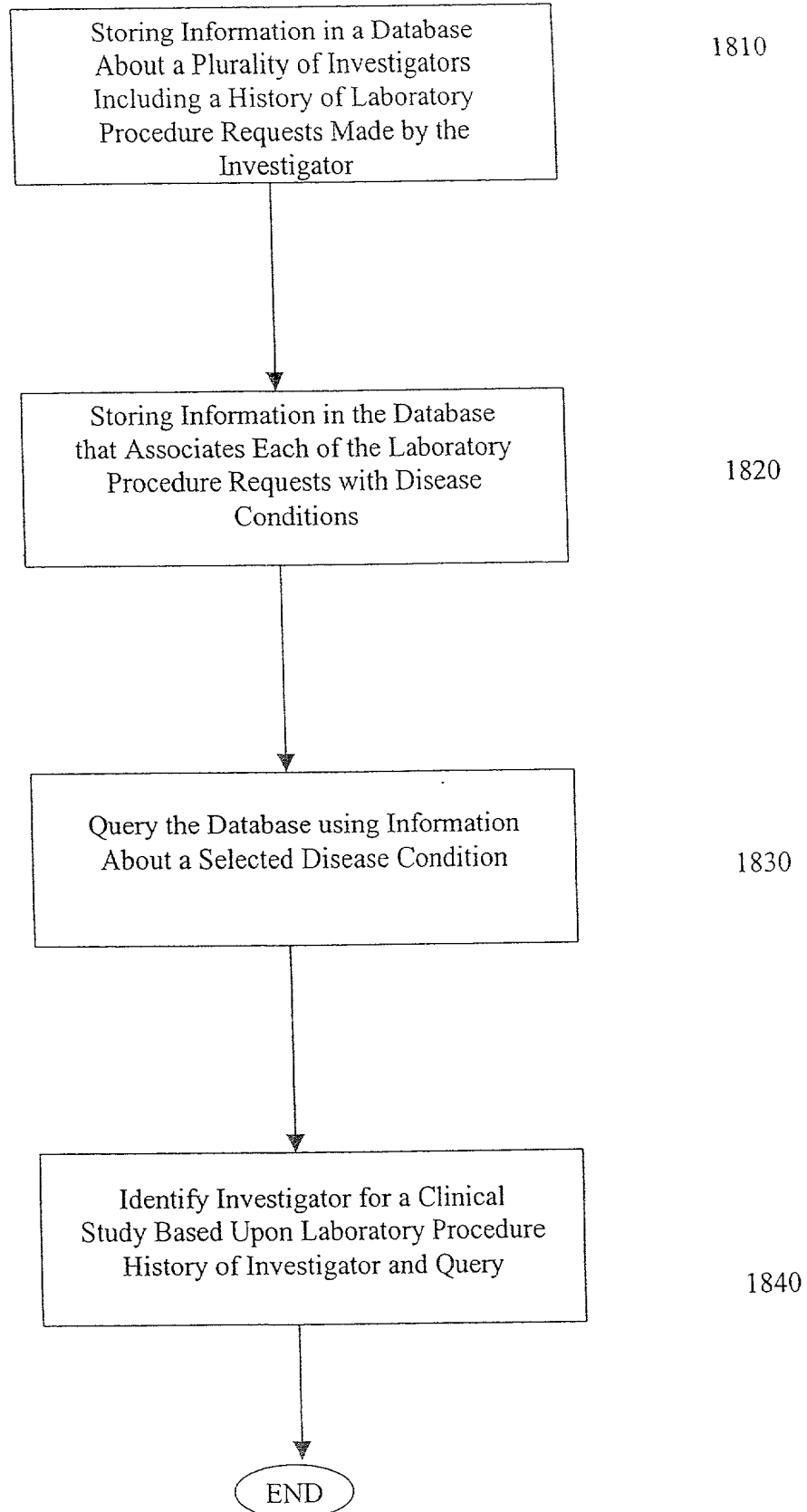


FIG. 18

52/69

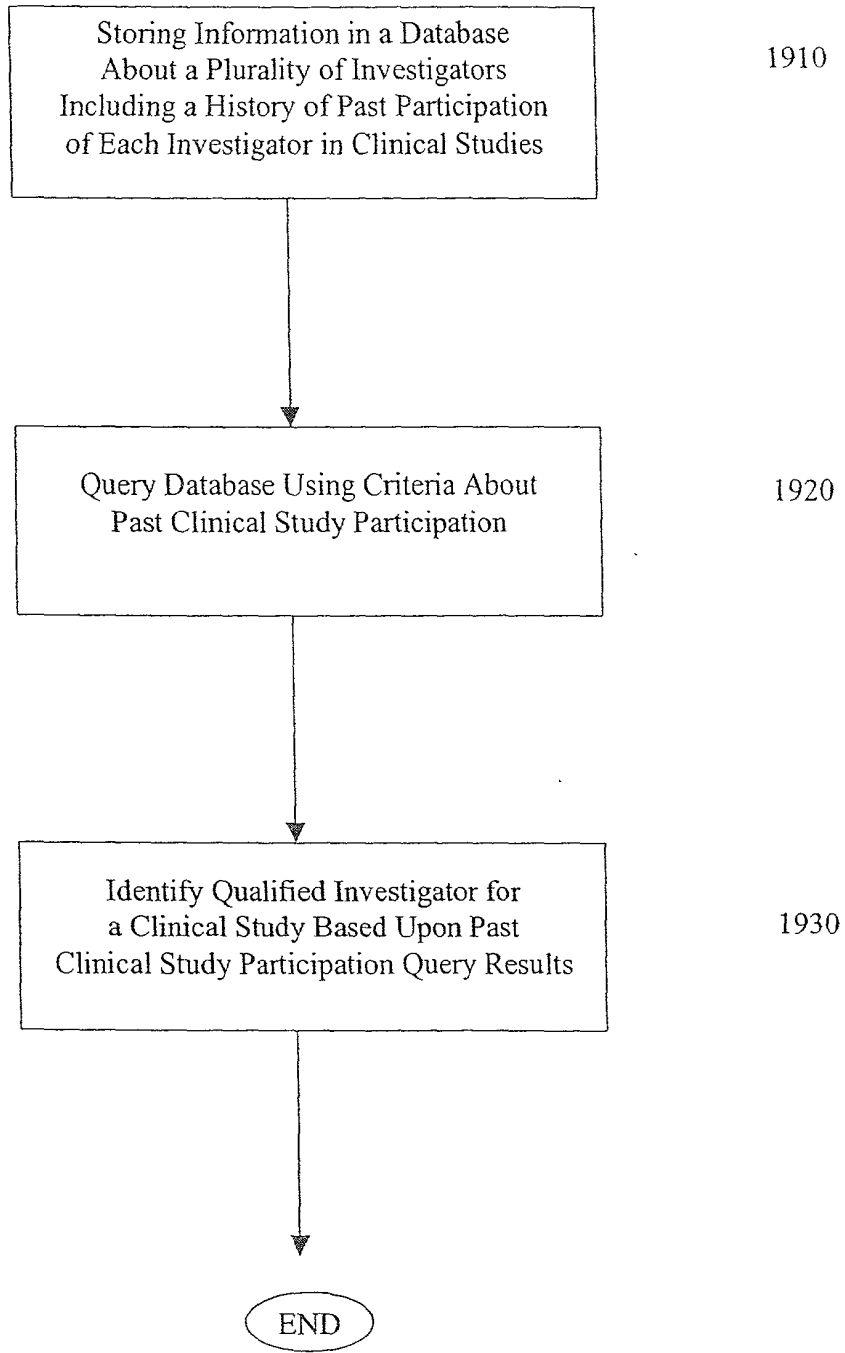
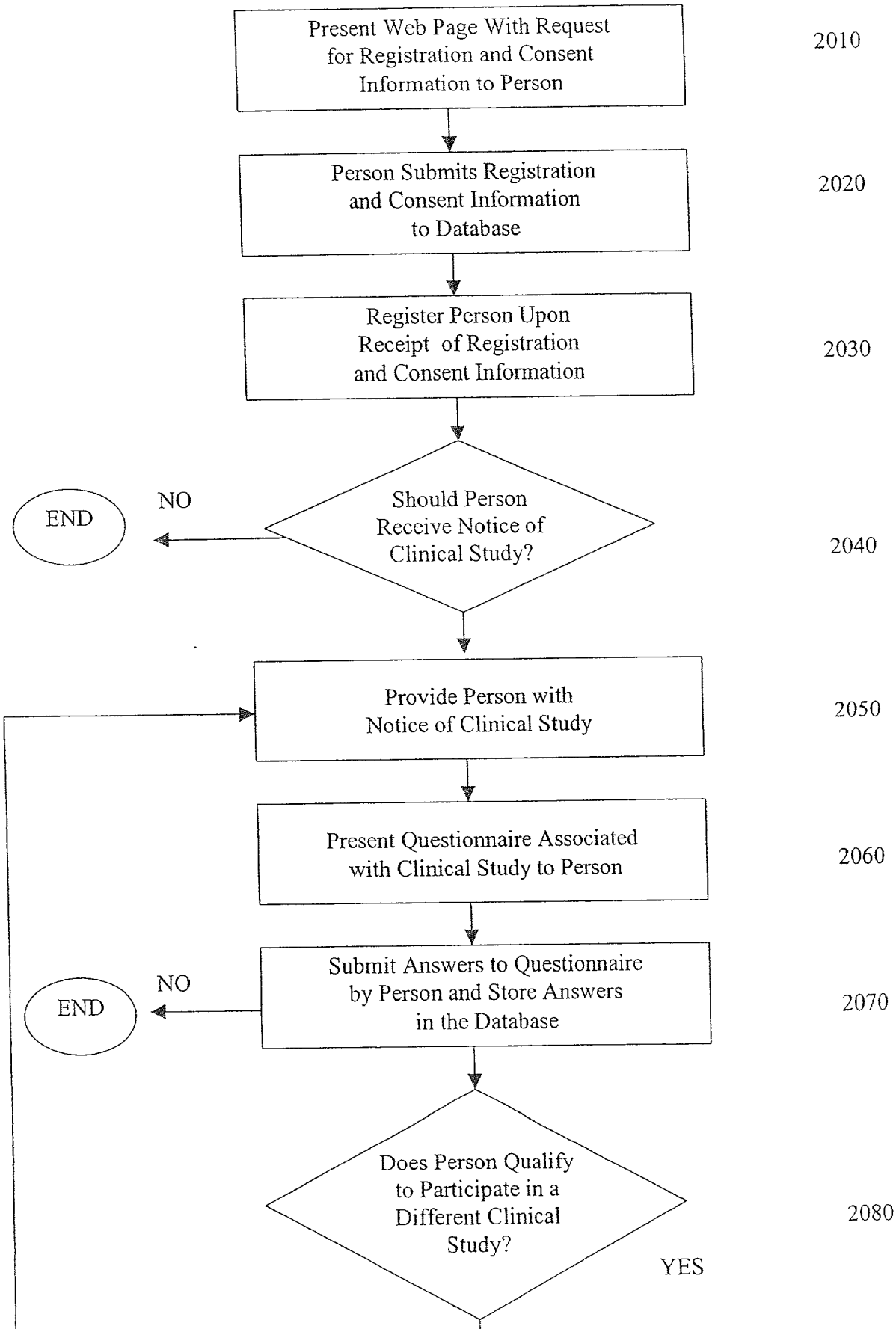


FIG. 19

53/89

FIG. 20



54/69

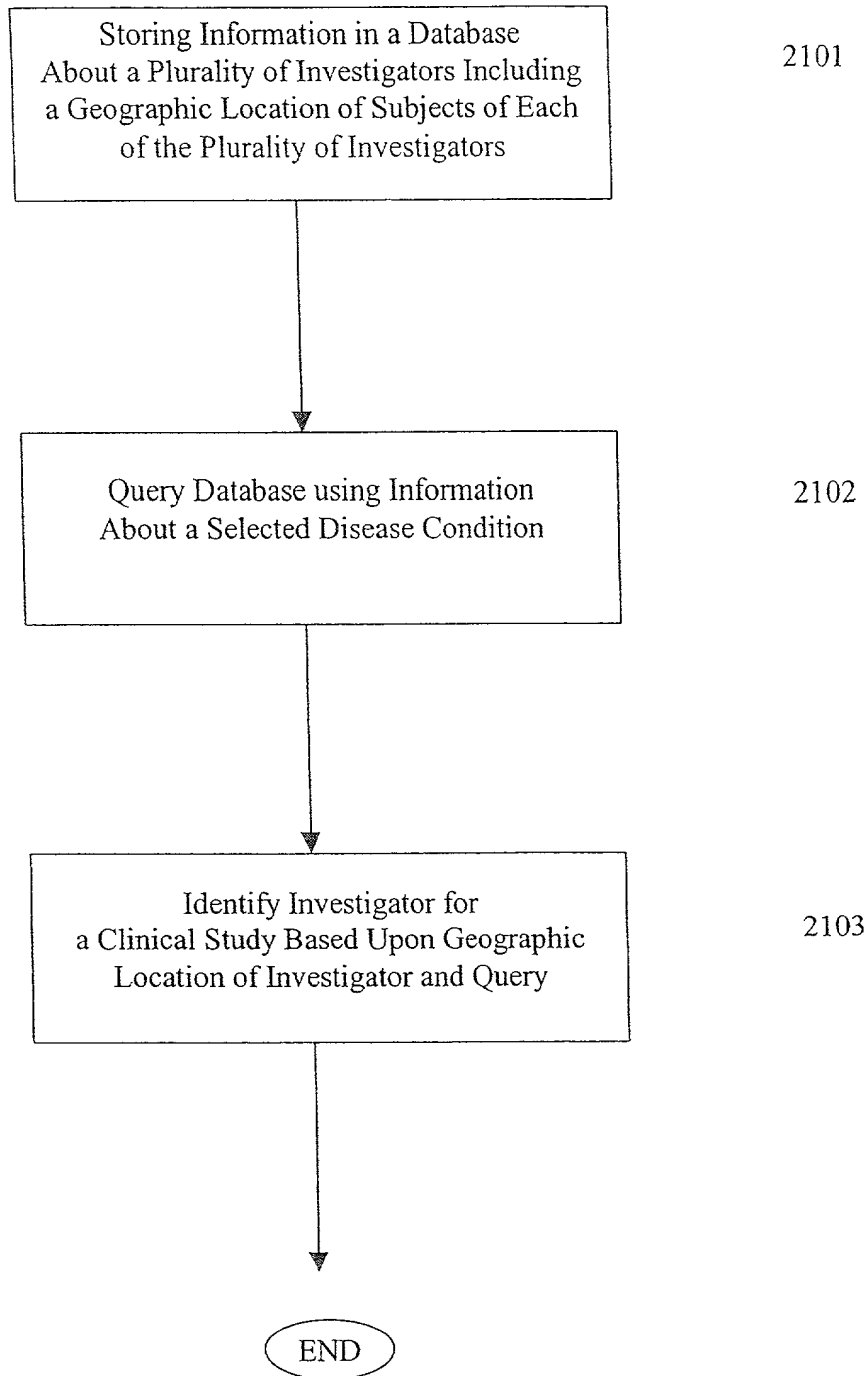


FIG. 21A

55/89

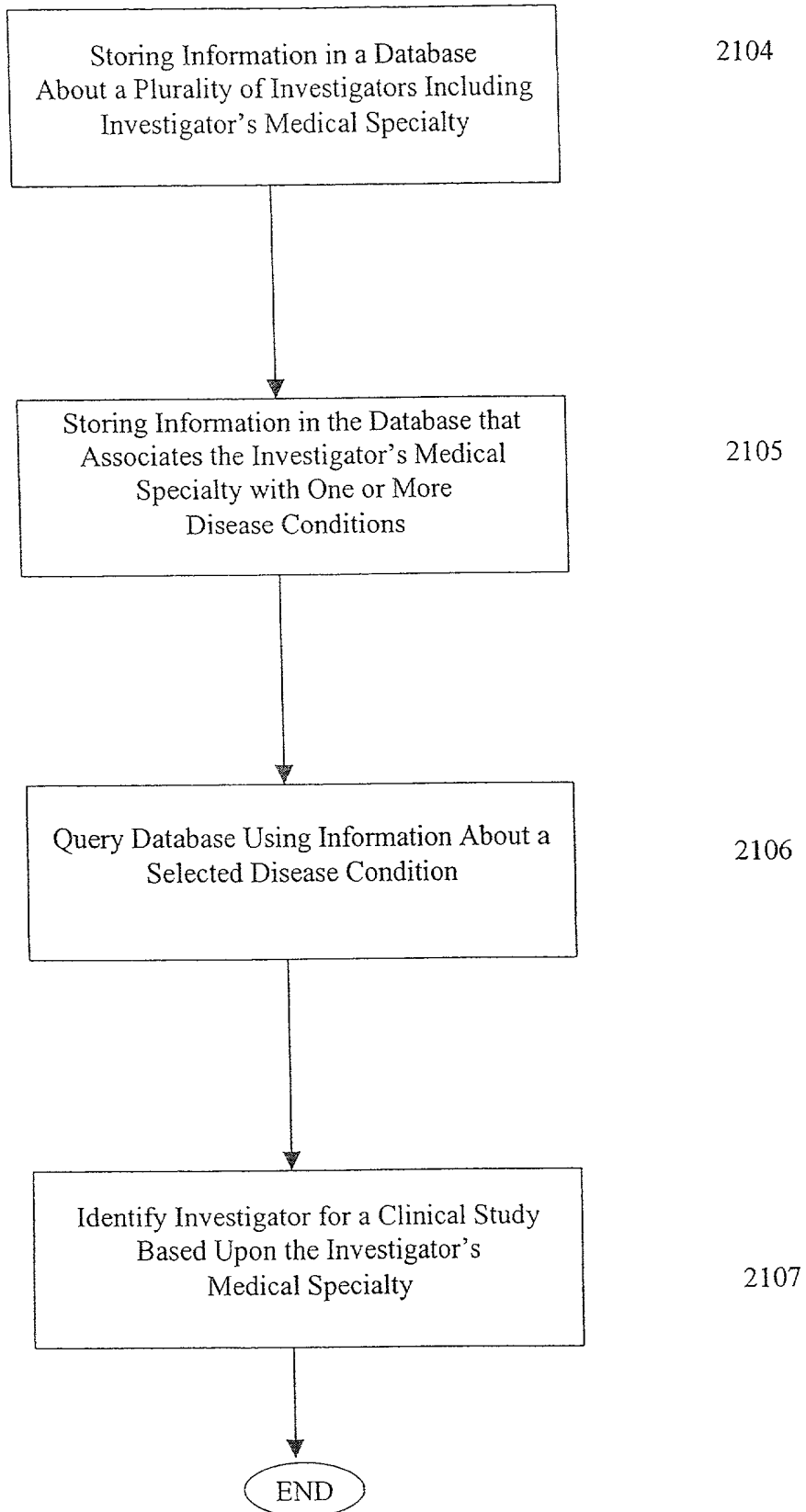


FIG. 21B

56/89

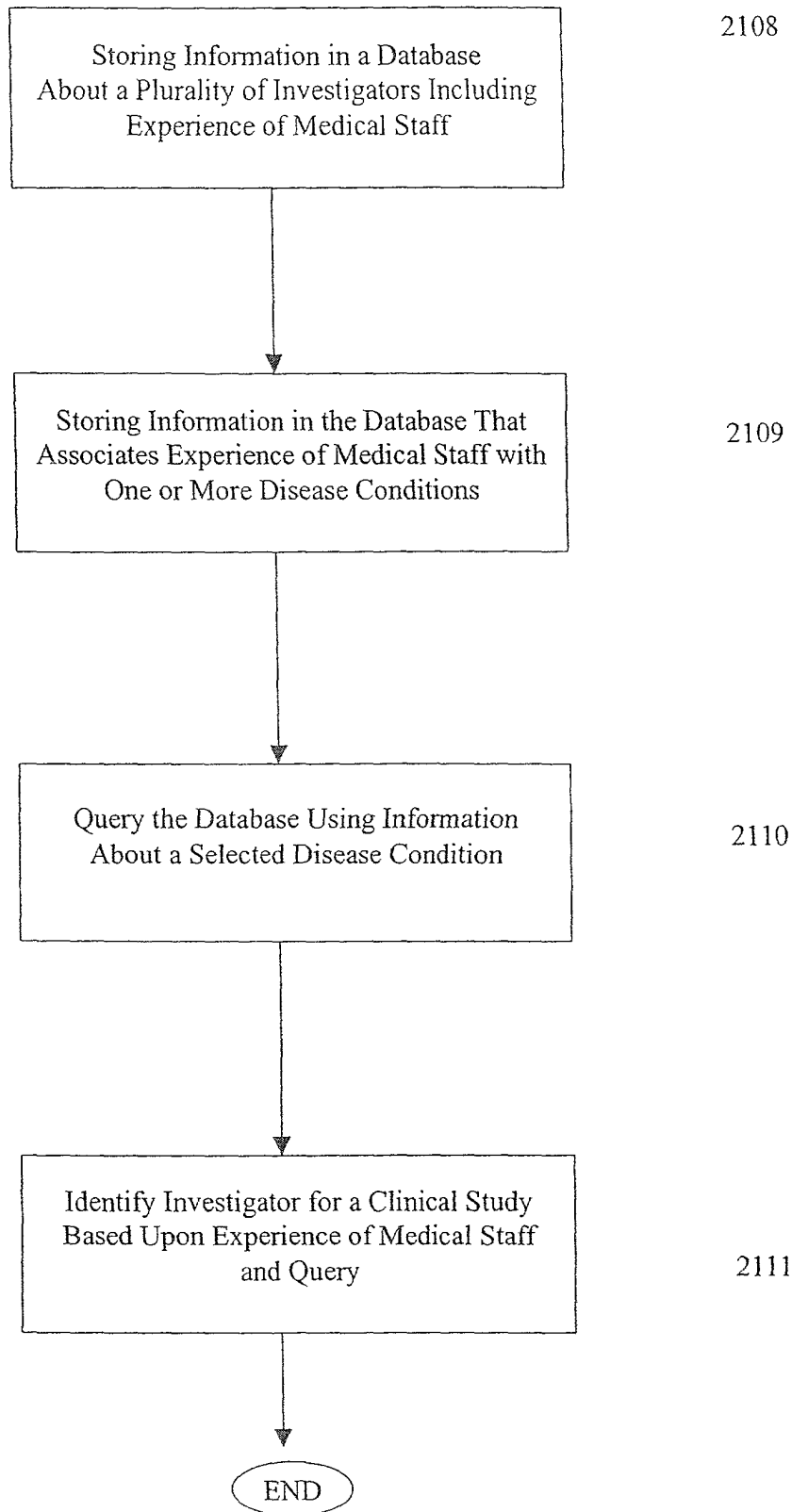


FIG. 21C



57/89

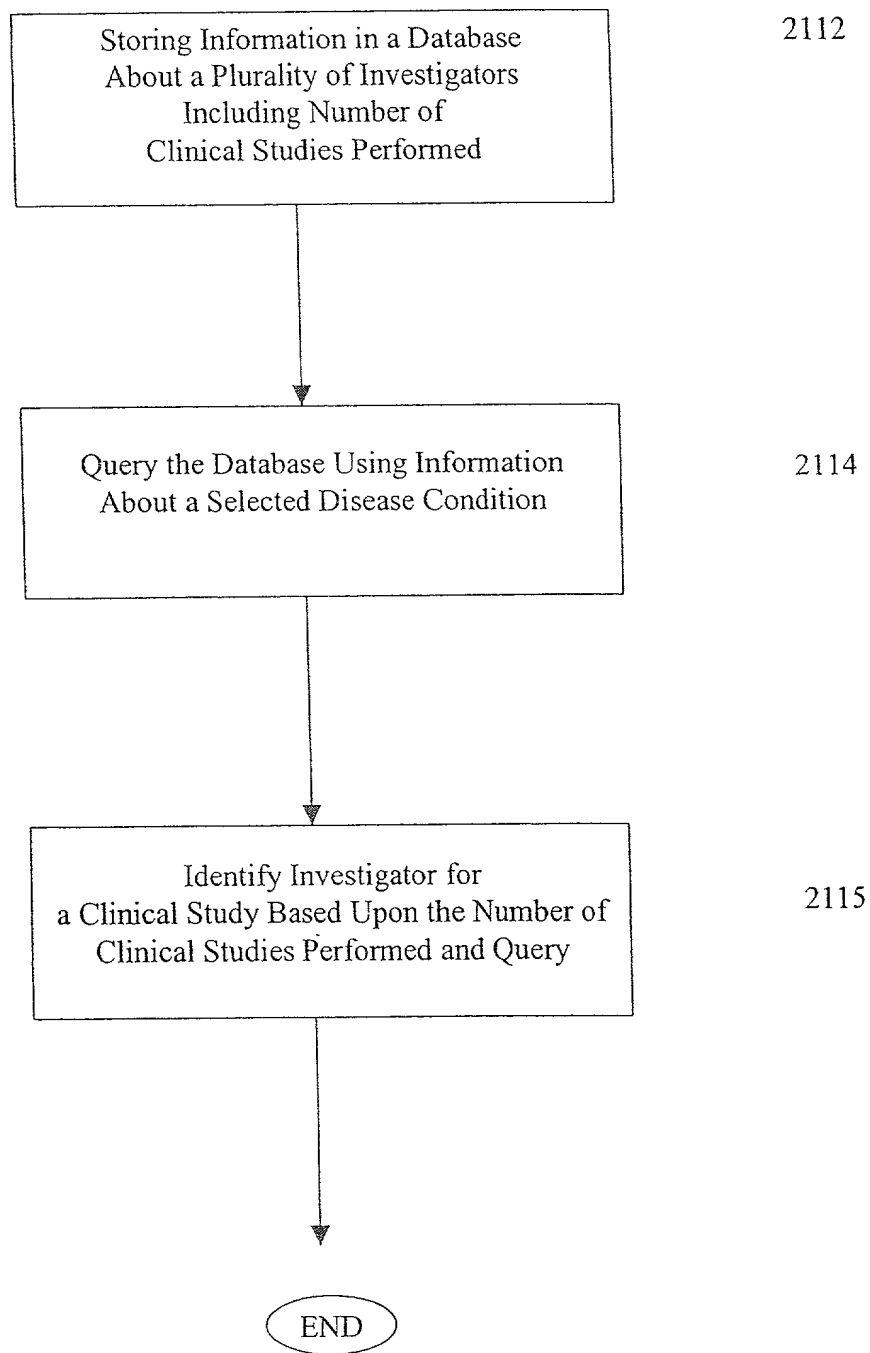


FIG. 21D

58/89

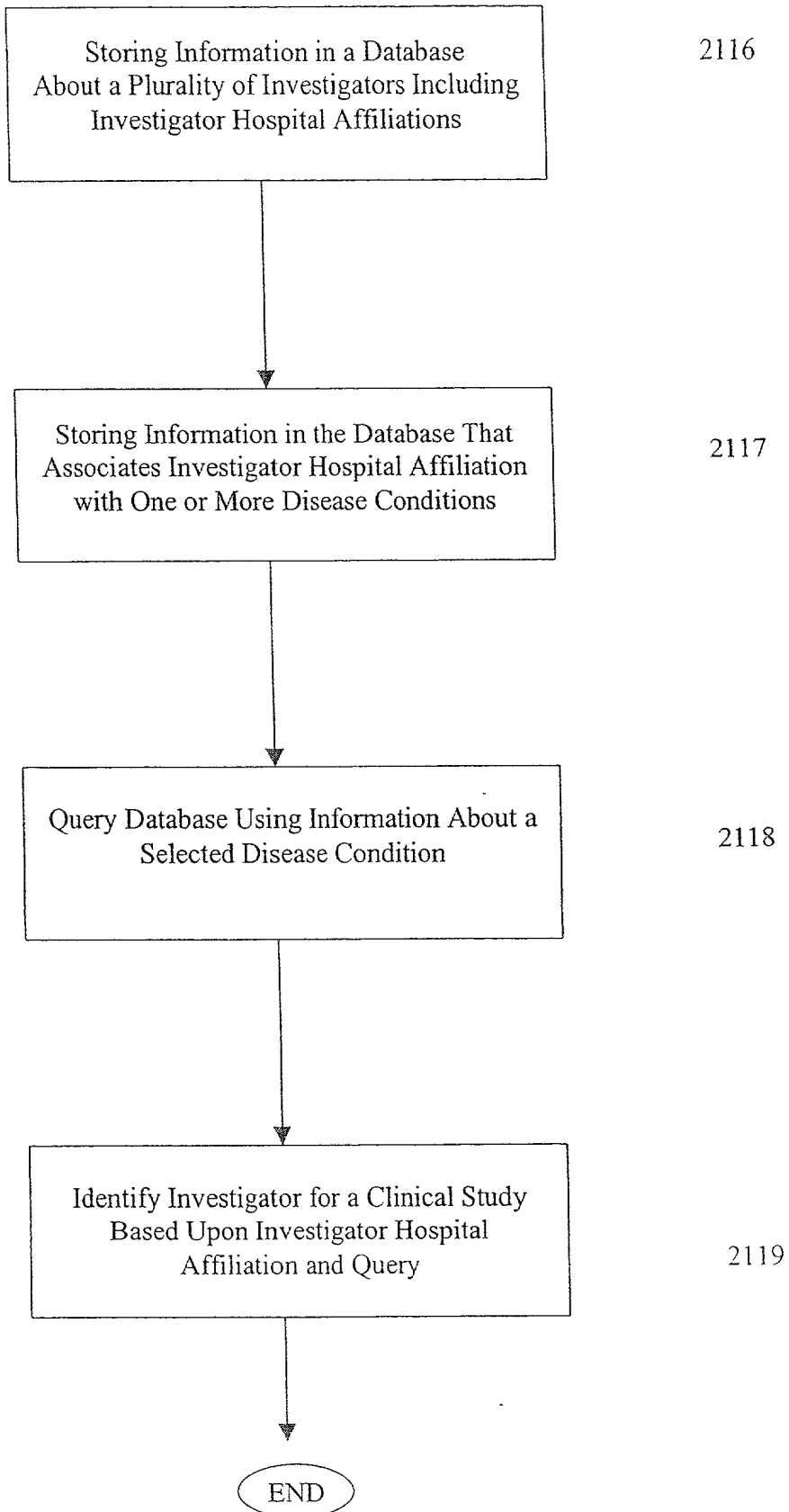


FIG. 21E

59/89

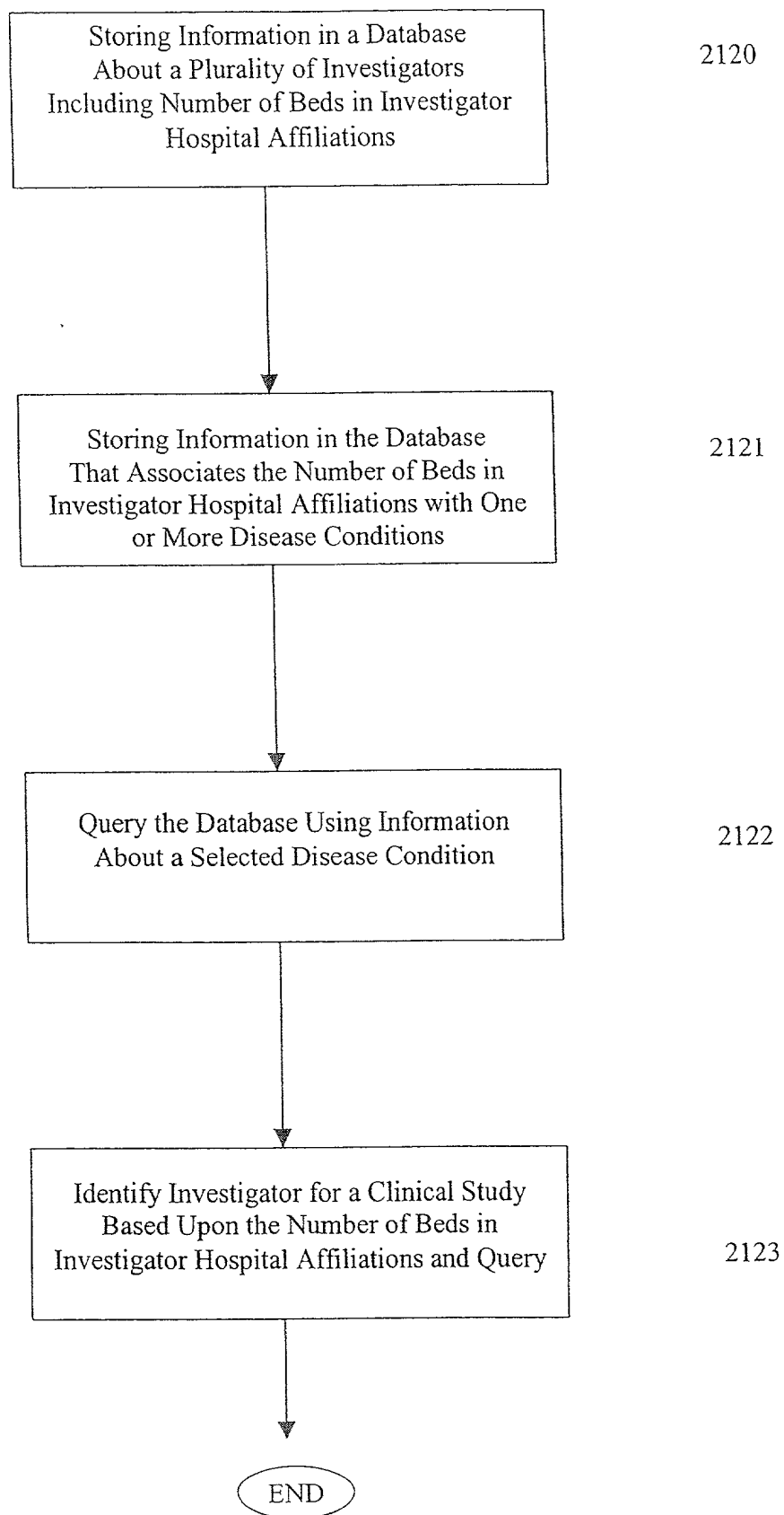


FIG. 21F

60/69

FIG. 21G

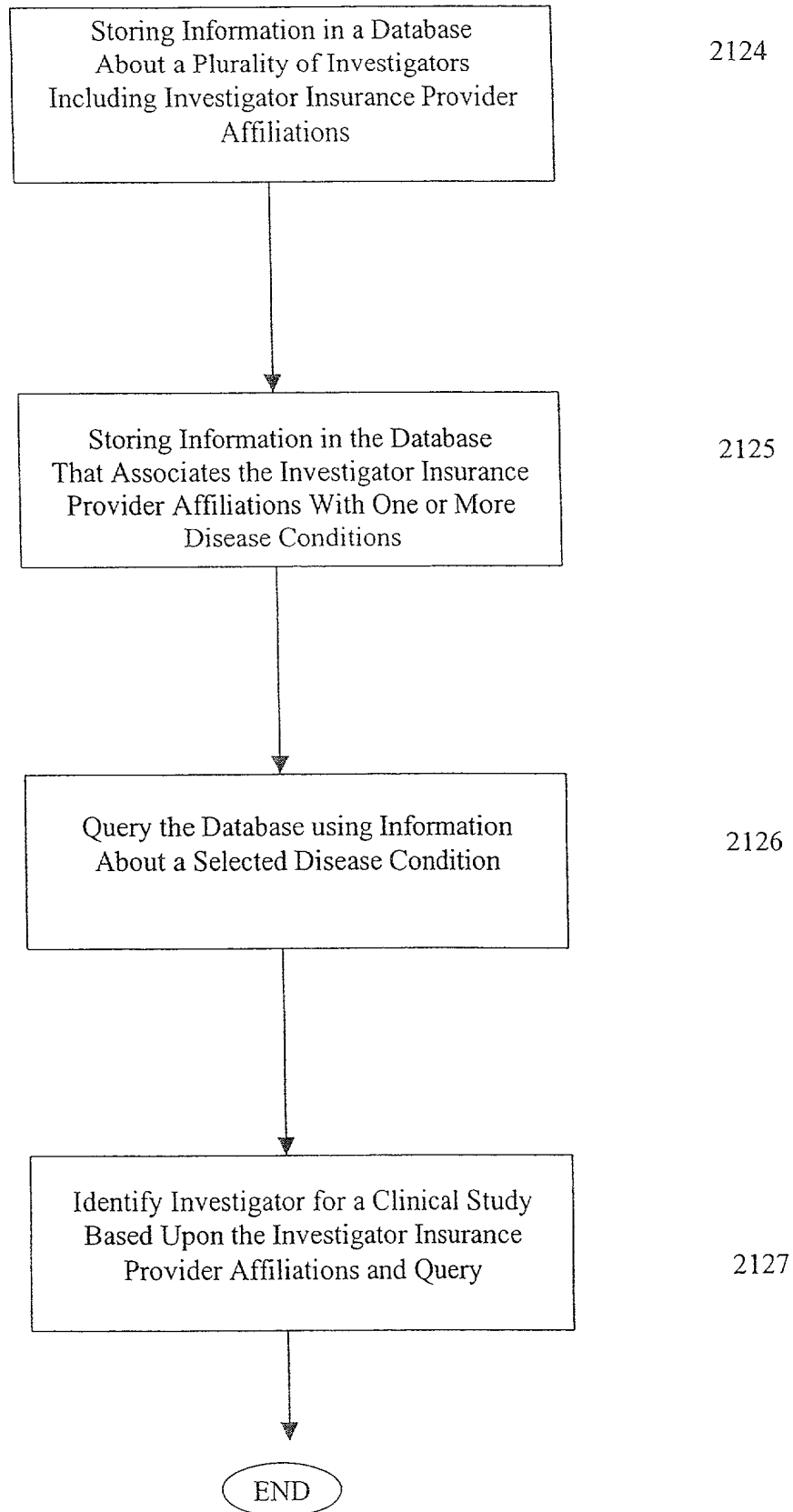


FIG. 21G

6/1/99

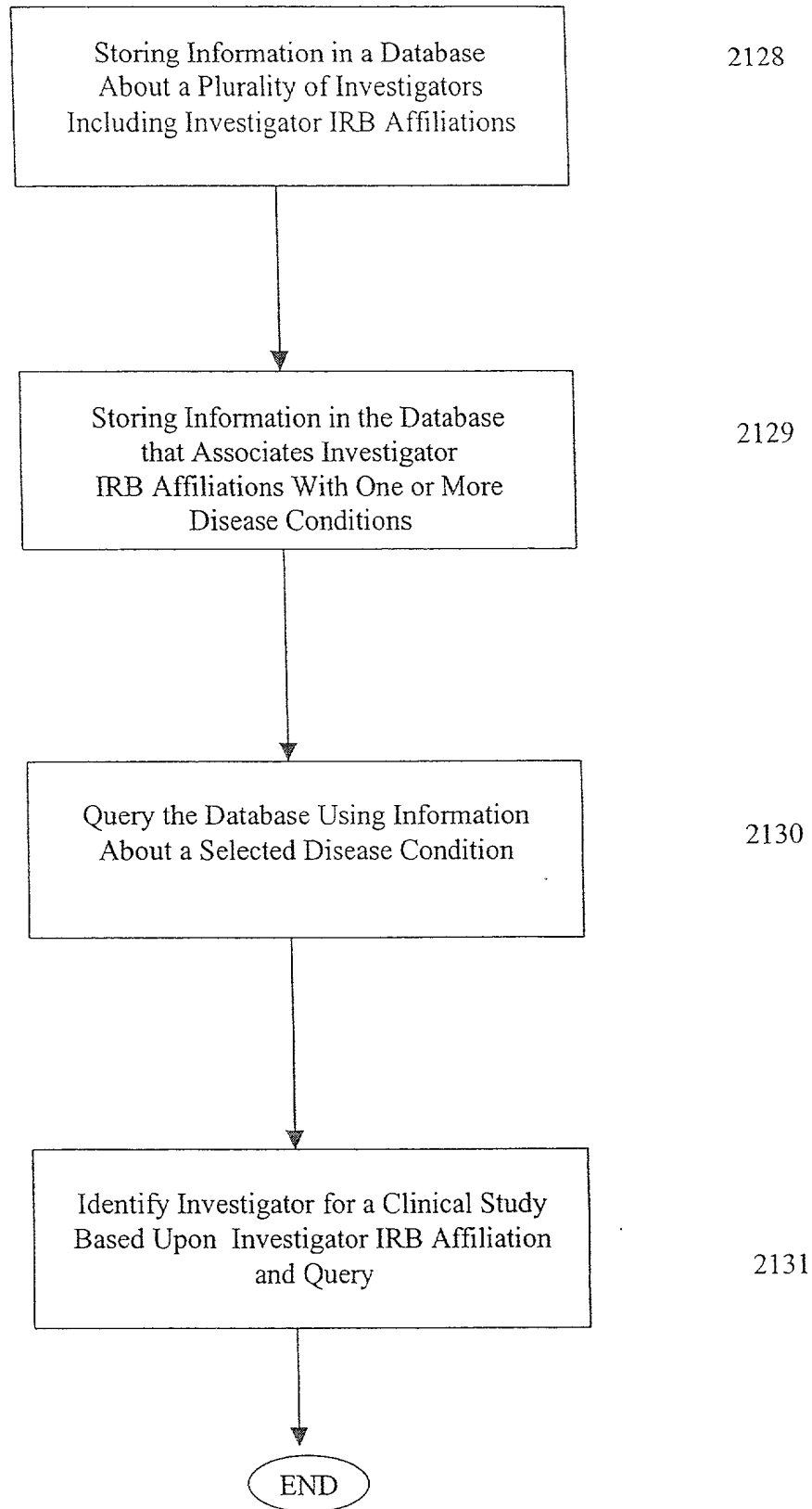


FIG. 21H

62/89

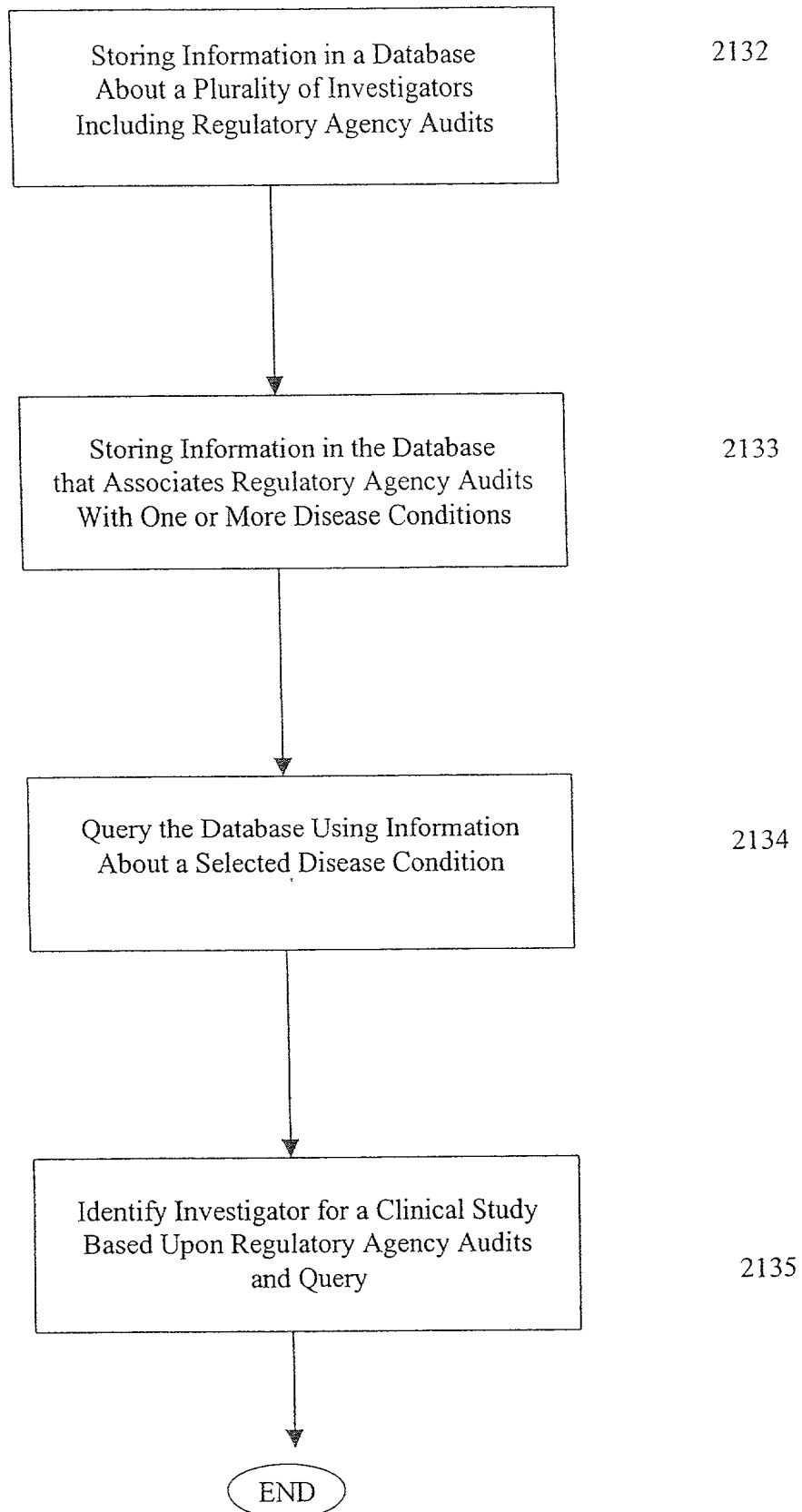


FIG. 21I

63/89

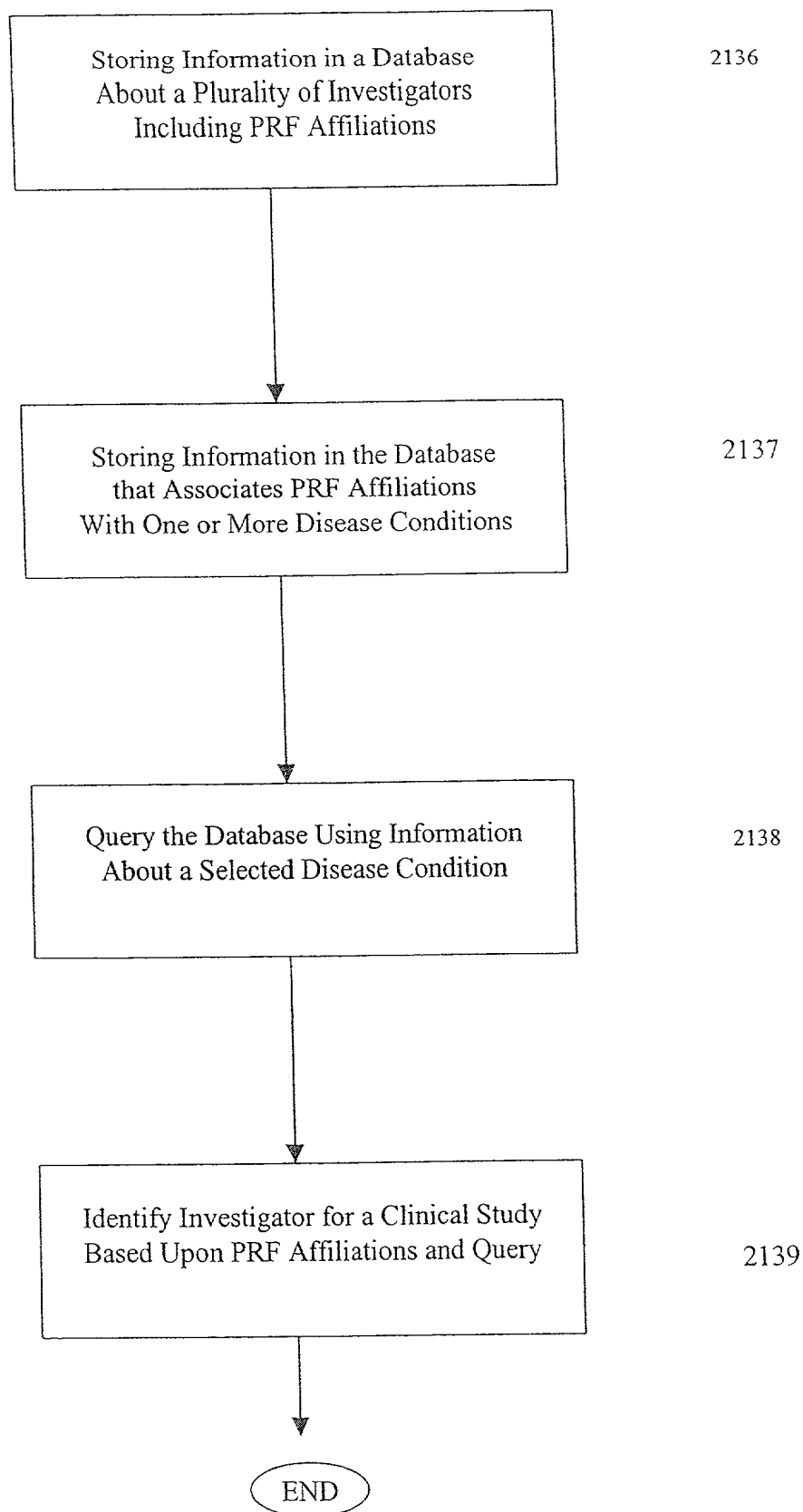


FIG. 21J

64/89

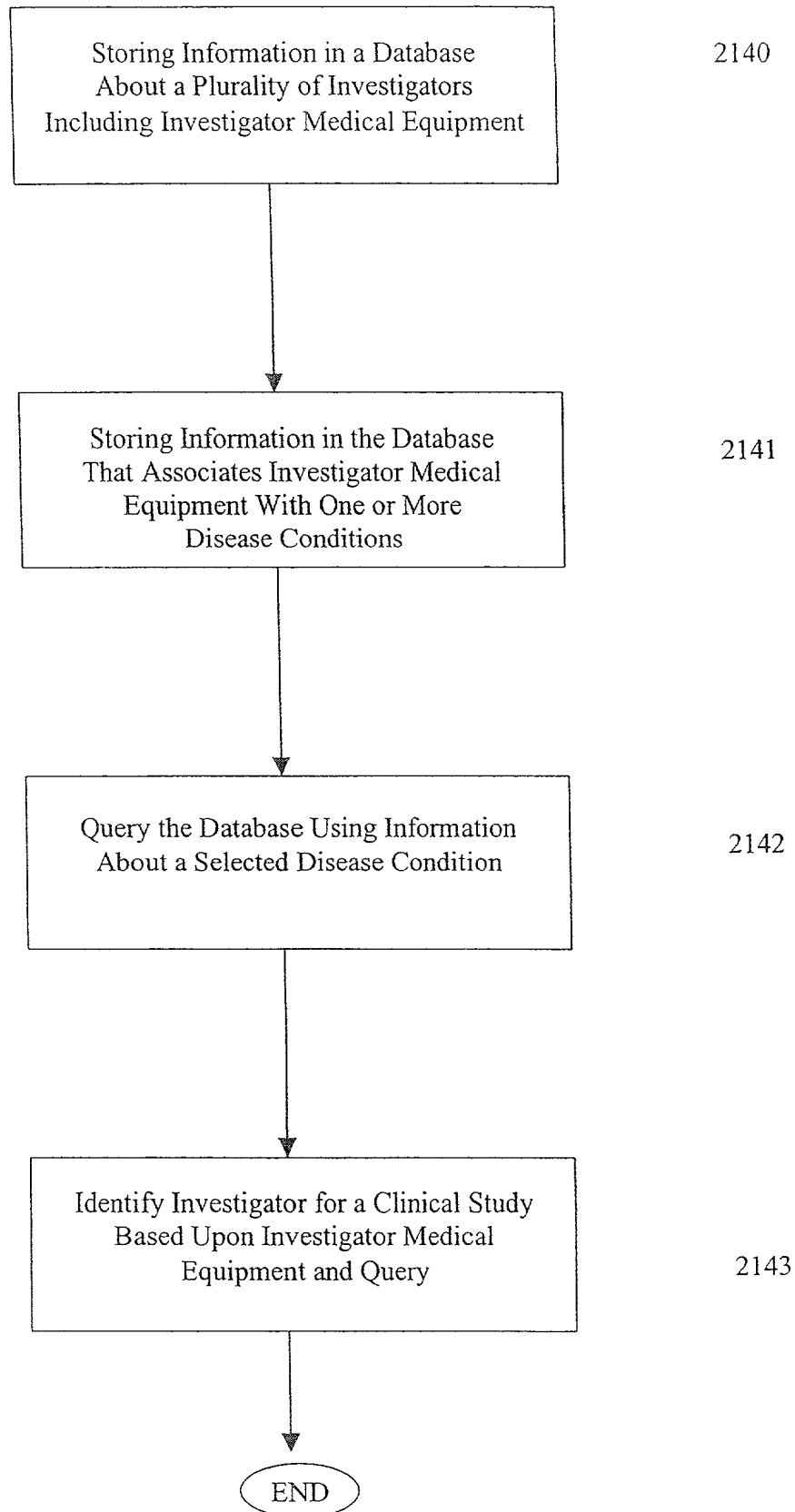


FIG. 21K



65/89

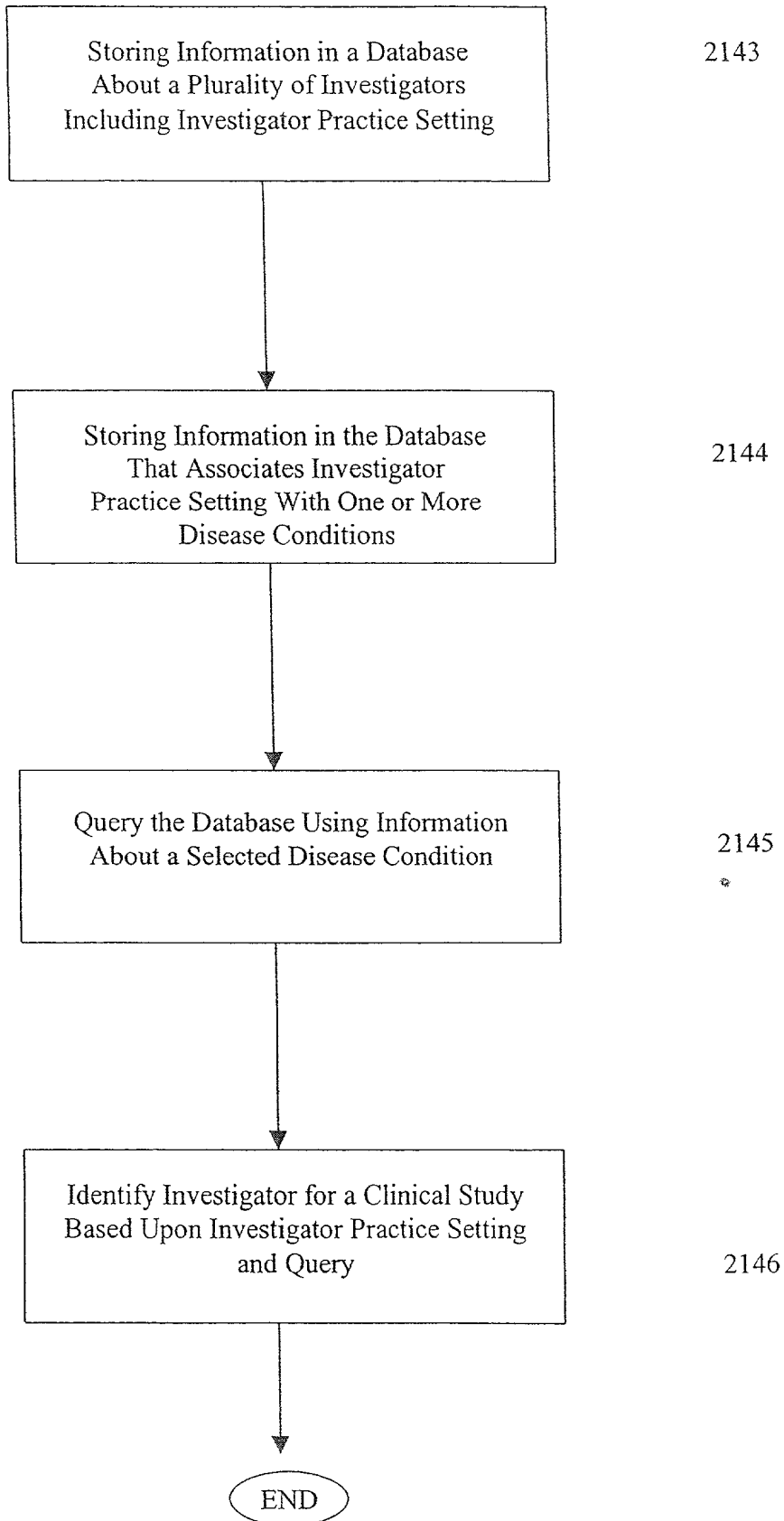


FIG. 21L

66/69

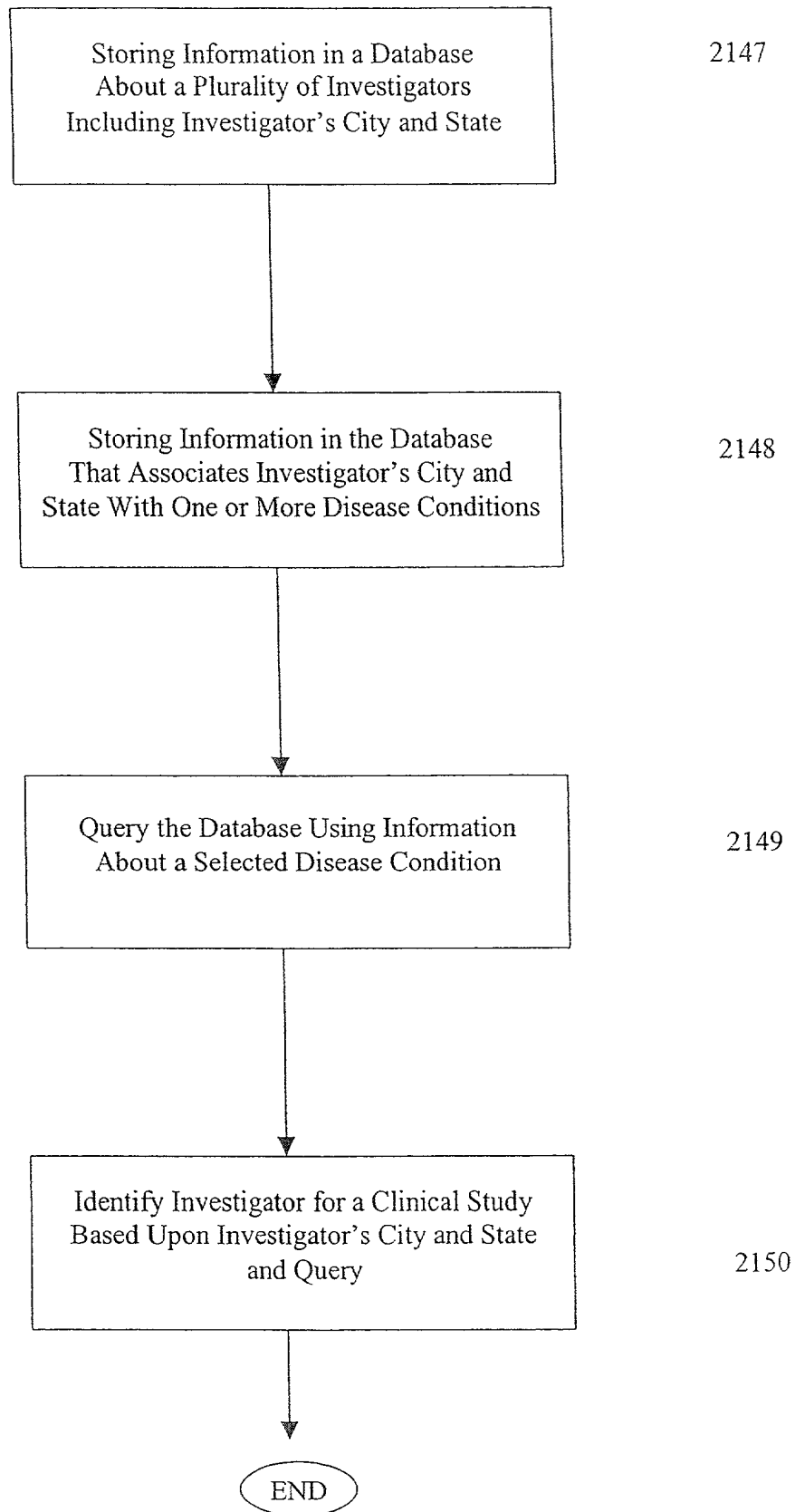


FIG. 21M

67/69

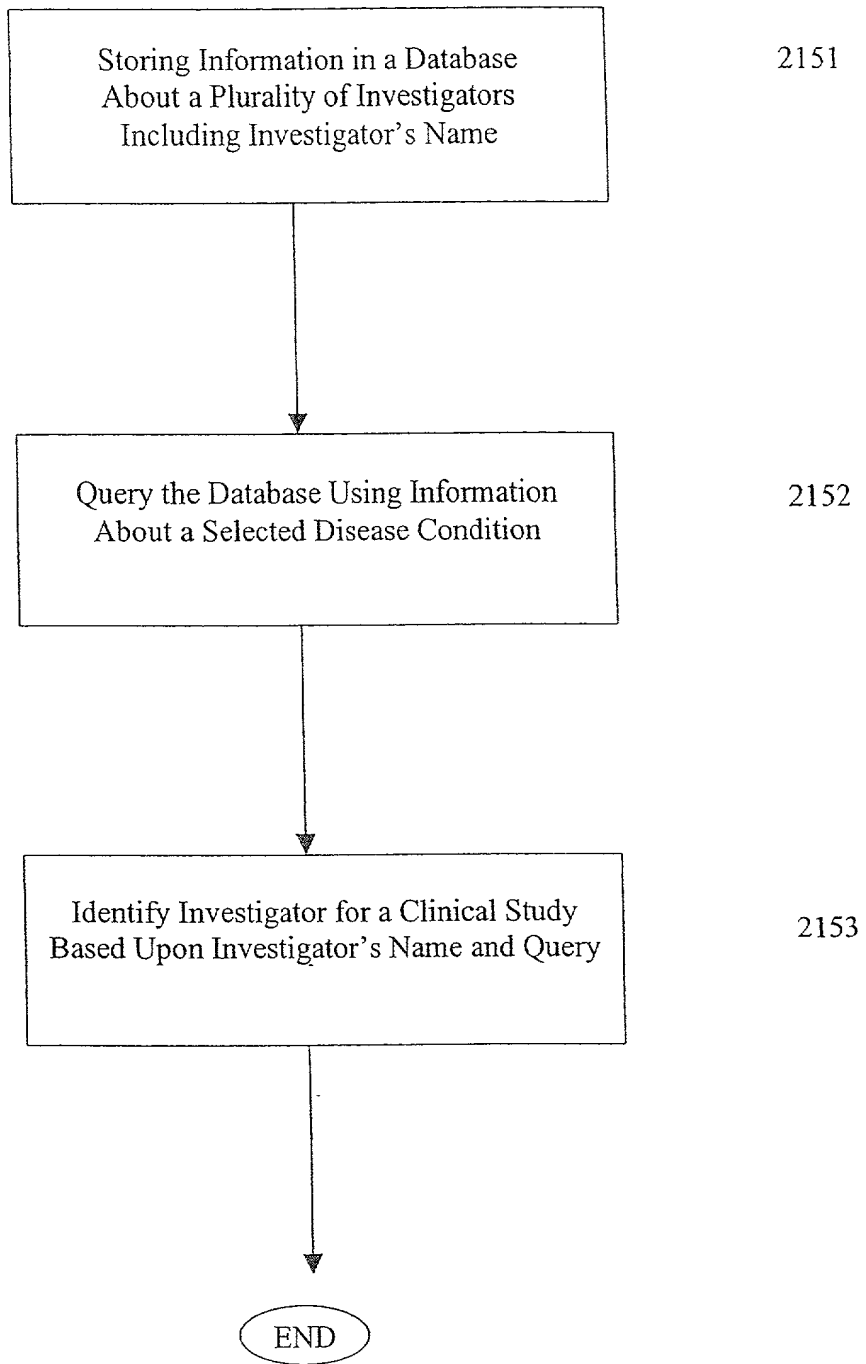


FIG. 21N

68/89

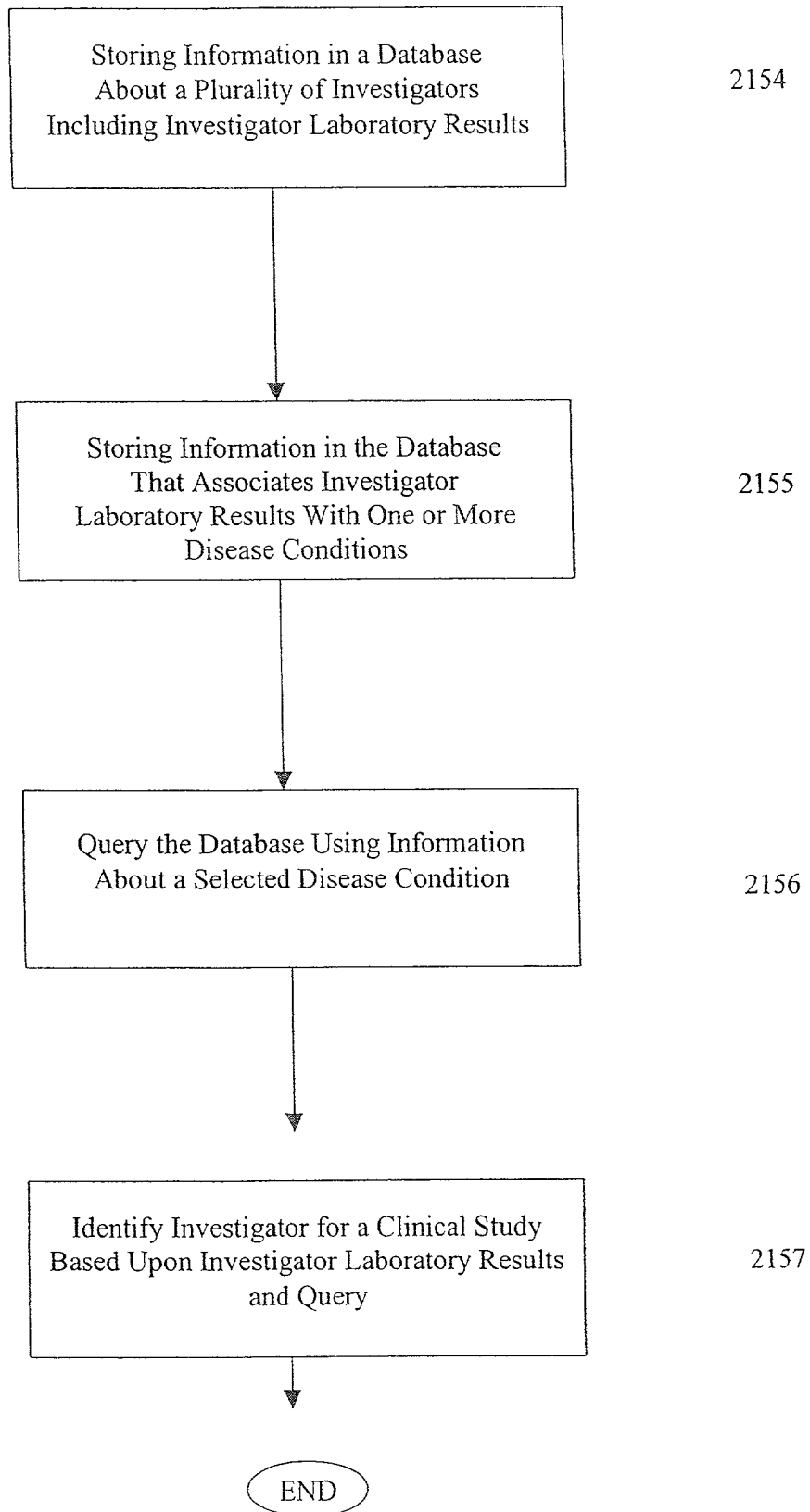


Fig. 210

69/89

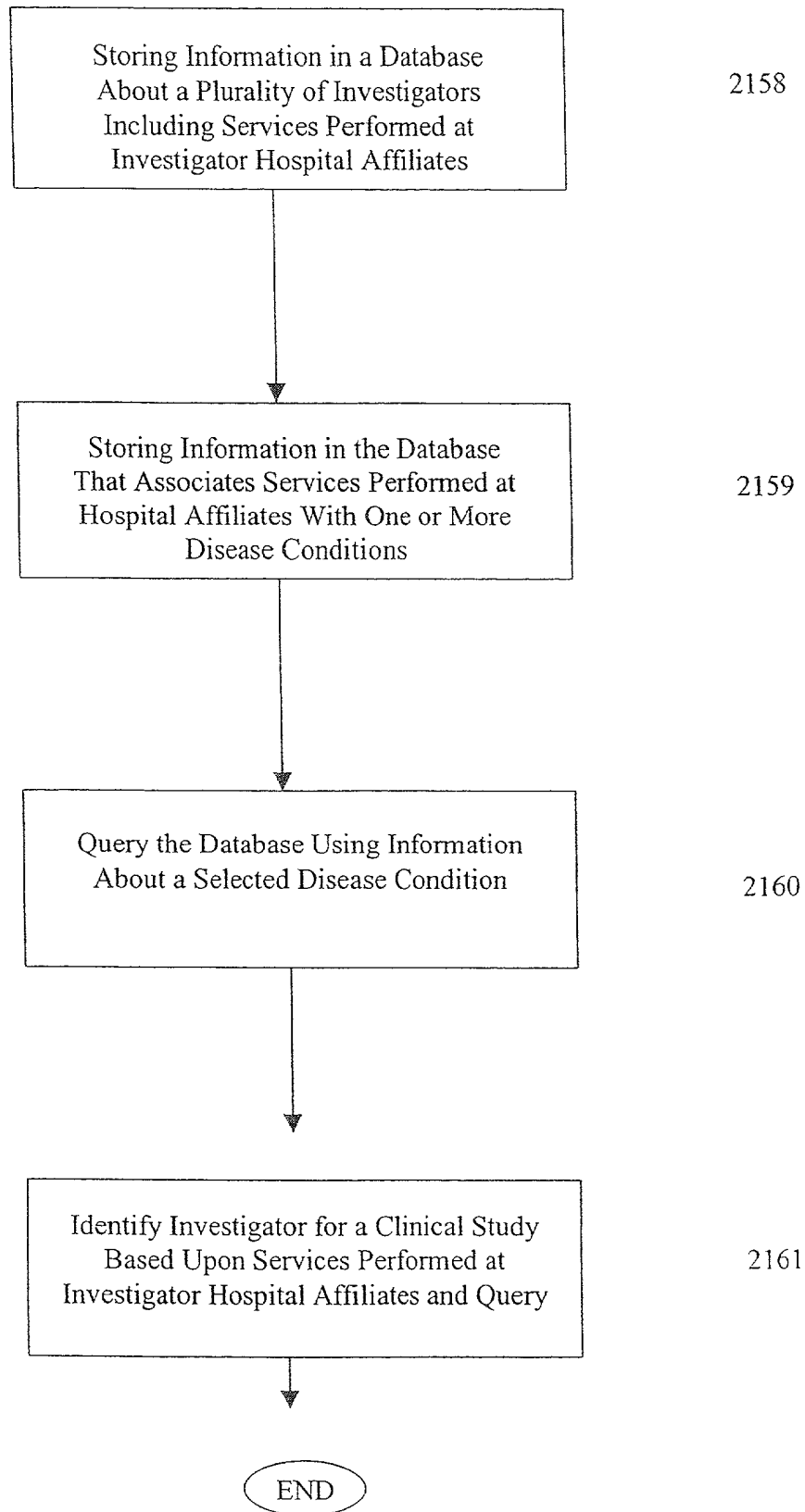


Fig. 21P

70/89

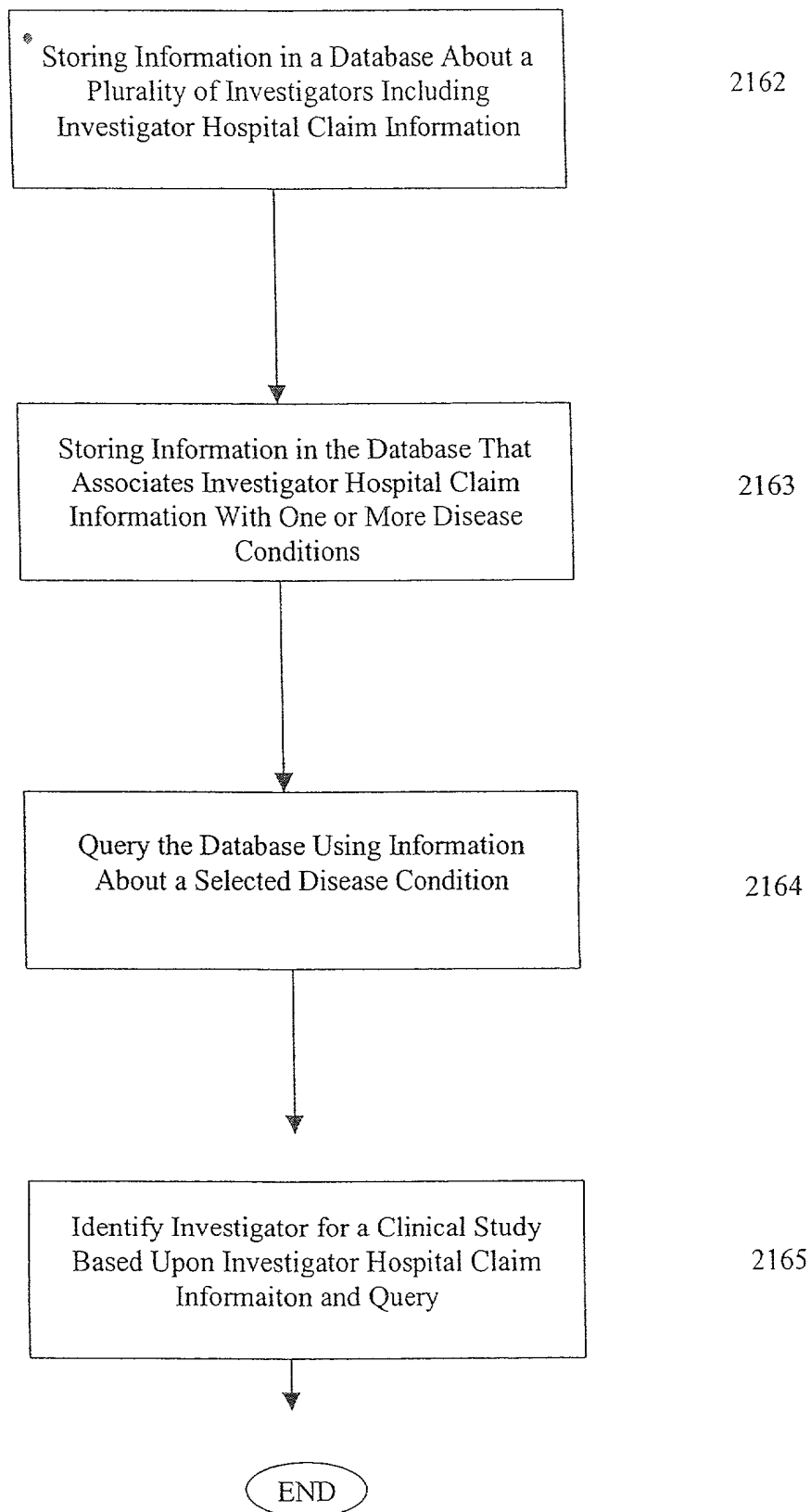


Fig. 21Q

INV STUDY PERFORMANCE

INVESTIGATOR\_ID: CHAR(18)  
STUDY\_PRF\_ID: CHAR(18)  
  
SOURCE\_CD: CHAR(18)  
SPONSOR\_ID: CHAR(18)  
SPONSOR\_CRO\_NAME: CHAR(18)  
PROTOCOL\_NUMBER: CHAR(18)  
STUDY\_PHASE\_CD: CHAR(18)  
DRUG\_NAME: CHAR(18)  
DRUG\_CLASS: CHAR(18)  
THERA\_CONDITION\_CD: CHAR(18)  
START\_DATE: CHAR(18)  
NUM\_ENROLLMENT\_COMMITMENT: CHAR(18)  
NUM\_PATIENTS\_ENROLLED: CHAR(18)  
ENROLLMENT\_MONTHS: CHAR(18)  
ENROLLMENT\_MET\_IND: CHAR(18)  
TIMEFRAME\_MET\_IND: CHAR(18)  
PLACEBO\_RESPONSE\_RATE: CHAR(18)  
NUM\_PATIENTS\_EVALUABLE: CHAR(18)  
MICROBIOLOGIC\_EVALUABLE: CHAR(18)  
BACTERIAL\_EVALUABLE: CHAR(18)  
NOTES: CHAR(18)  
CREATE\_DATE: CHAR(18)  
UPDATE\_DATE: CHAR(18)  
CREATE\_BY: CHAR(18)  
UPDATE\_BY: CHAR(18)

INV INVESTIGATOR

INVESTIGATOR\_ID: CHAR(18)  
  
SOURCE\_CD: CHAR(18)  
HMS\_ID: CHAR(18)  
FIRST\_NAME: CHAR(18)  
MIDDLE1: CHAR(18)  
MIDDLE2: CHAR(18)  
LAST\_NAME: CHAR(18)  
SUFFIX: CHAR(18)  
COUNTRY: CHAR(18)  
SOC\_SEC\_NBR: CHAR(18)  
IND\_UPIN: CHAR(18)  
SEX: CHAR(18)  
DOB: CHAR(18)  
MED\_SCHOOL\_CD: CHAR(18)  
GRADUATION\_YEAR: CHAR(18)  
RSDNCY\_ORG: CHAR(18)  
RSDNCY\_CITY: CHAR(18)  
FLLWSHP\_ORG: CHAR(18)  
FLLWSHP\_CITY: CHAR(18)  
DEGREE1: CHAR(18)  
DEGREE2: CHAR(18)  
PHONE\_NBR: CHAR(18)  
PHONE\_EXTENSION: CHAR(18)  
FAX\_NBR: CHAR(18)  
EMAIL: CHAR(18)  
CREDENTIAL: CHAR(18)  
DELETE\_REASON\_CD: CHAR(18)  
DELETE\_REQUEST\_DATE: CHAR(18)  
WRONG\_NUMBER\_IND: CHAR(18)  
CV\_RECEIVED\_DATE: CHAR(18)  
QUESTIONNAIRE\_RETURNED\_DATE: CHAR(18)  
SMO\_RELATIONSHIP\_CD: CHAR(18)  
PRACTICE\_TYPE\_CD: CHAR(18)  
PRIMARY\_IN\_OUT\_CD: CHAR(18)  
CRO\_NUM\_DAYS\_NOTICE: CHAR(18)  
PHASE1\_EXPERIENCE\_IND: CHAR(18)  
PHASE2\_EXPERIENCE\_IND: CHAR(18)  
PHASE3\_EXPERIENCE\_IND: CHAR(18)  
PHASE4\_EXPERIENCE\_IND: CHAR(18)  
PATIENT\_DATABASE\_IND: CHAR(18)  
SOFTWARE\_PACKAGE\_NAME: CHAR(18)  
CREATE\_DATE: CHAR(18)  
UPDATE\_DATE: CHAR(18)  
CREATE\_BY: CHAR(18)  
UPDATE\_BY: CHAR(18)

INV SPECIALTY

INVESTIGATOR\_ID: NUMBER(8)  
SPECIALTY\_CD: VARCHAR2(6)  
  
SOURCE\_CD: VARCHAR2(12)  
BOARD\_COMPLETE\_CD: VARCHAR2(12)  
CREATE\_DATE: DATE  
UPDATE\_DATE: DATE  
CREATE\_BY: INTEGER  
UPDATE\_BY: INTEGER

INV PATIENT POPULATION

INVESTIGATOR\_ID: CHAR(18)  
INDICATION\_CD: CHAR(18)  
  
ANNUAL\_PATIENTS\_TREATED: CHAR(18)  
ANNUAL\_NEW\_PATIENTS\_TREATED: CHAR(18)  
INTERESTED\_IND: CHAR(18)  
CREATE\_BY: CHAR(18)  
UPDATE\_BY: CHAR(18)  
CREATE\_DATE: CHAR(18)  
UPDATE\_DATE: CHAR(18)

HMS INVESTIGATOR

72/89

## INV STUDY STAFF

FACILITY\_NAME: CHAR(18)  
 STAFF\_ID: CHAR(18)  
 SOURCE\_CD: CHAR(18)  
 FIRST\_NAME: CHAR(18)  
 MIDDLE1\_NAME: CHAR(18)  
 MIDDLE2\_NAME: CHAR(18)  
 LAST\_NAME: CHAR(18)  
 SUFFIX: CHAR(18)  
 JOB\_TITLE\_CD: CHAR(18)  
 WORK\_HOURS\_CD: CHAR(18)  
 NUM\_YEARS\_RESEARCH\_EXP: CHAR(18)  
 EMAIL: CHAR(18)  
 PHONE\_NBR: CHAR(18)  
 PHONE\_EXTENSION: CHAR(18)  
 FAX\_NBR: CHAR(18)  
 OFFICE\_MAIL\_STOP: CHAR(18)  
 CREATE\_DATE: CHAR(18)  
 UPDATE\_DATE: CHAR(18)  
 CREATE\_BY: CHAR(18)  
 UPDATE\_BY: CHAR(18)

## INV\_STAFF\_ROLE

INVESTIGATOR\_ID: CHAR(18)  
 FACILITY\_NAME: CHAR(18)  
 STAFF\_ID: CHAR(18)  
 SMO\_CONTACT\_IND: CHAR(18)  
 OPPORTUNITY\_CONTACT\_IND: CHAR(18)  
 CREATE\_DATE: CHAR(18)  
 UPDATE\_DATE: CHAR(18)  
 CREATE\_BY: CHAR(18)  
 UPDATE\_BY: CHAR(18)

## INV\_WORK\_LOCATION

INVESTIGATOR\_ID: CHAR(18)  
 FACILITY\_NAME: CHAR(18)  
 PRF\_IND: CHAR(18)  
 DIRECT\_CONTACT\_IND: CHAR(18)  
 CREATE\_DATE: CHAR(18)  
 UPDATE\_DATE: CHAR(18)  
 CREATE\_BY: CHAR(18)  
 UPDATE\_BY: CHAR(18)

## INV RESEARCH ORGANIZATION

FACILITY\_NAME: CHAR(18)  
 SOURCE\_CD: CHAR(18)  
 FACILITY\_TYPE\_CD: CHAR(18)  
 IN\_PATIENT\_IND: CHAR(18)  
 OUT\_PATIENT\_IND: CHAR(18)  
 REVIEW\_BOARD\_TYPE\_CD: CHAR(18)  
 LOCAL\_IRB\_MEETING\_CD: CHAR(18)  
 IRB\_SUBMIT\_BY\_DSC: CHAR(18)  
 MONITOR\_ROOM\_IND: CHAR(18)  
 NUM\_DAYS\_NOTICE: CHAR(18)  
 ADDRESS\_1: CHAR(18)  
 ADDRESS\_2: CHAR(18)  
 CITY: CHAR(18)  
 STATE: CHAR(18)  
 COUNTRY: CHAR(18)  
 ZIP\_CODE: CHAR(18)  
 ZIP\_CODE\_4: CHAR(18)  
 X\_LONGITUDE: CHAR(18)  
 Y\_LATITUDE: CHAR(18)  
 CNTFIPS: CHAR(18)  
 COUNTY: CHAR(18)  
 MSANUM: CHAR(18)  
 MSANAME: CHAR(18)  
 CITY\_BLOCK: CHAR(18)  
 CREATE\_DATE: CHAR(18)  
 UPDATE\_DATE: CHAR(18)  
 CREATE\_BY: CHAR(18)  
 UPDATE\_BY: CHAR(18)

## INV\_RSRCH\_FAC\_CAPABILITY

FACILITY\_NAME: CHAR(18)  
 FACILITY\_CAPABILITY\_CD: CHAR(18)  
 CREATE\_DATE: CHAR(18)  
 UPDATE\_DATE: CHAR(18)  
 CREATE\_BY: CHAR(18)  
 UPDATE\_BY: CHAR(18)

## USER\_NOTES

INVESTIGATOR\_ID: CHAR(18)  
 USER\_NETWORK\_ID: CHAR(18)  
 NOTES: CHAR(18)  
 CREATE\_DATE: CHAR(18)  
 UPDATE\_DATE: CHAR(18)  
 CREATE\_BY: CHAR(18)  
 UPDATE\_BY: CHAR(18)

HMS\_HSPTL\_BED

HMS\_HSPTL\_SVCS

22B



73/69

STLDEV01 -- Display1 / Investigator

## HMS\_INVESTIGATOR

CONTACT\_ID: NUMBER(7)  
INVESTIGATOR\_ID: CHAR(18)  
  
HMS\_ID: VARCHAR2(12)  
SOC\_SEC\_NBR: NUMBER(9)  
IND\_UPIN: VARCHAR2(7)  
FIRST\_NAME: VARCHAR2(25)  
MIDDLE\_NAME\_1: VARCHAR2(25)  
MIDDLE\_NAME\_2: VARCHAR2(25)  
LAST\_NAME: VARCHAR2(50)  
SUFFIX: VARCHAR2(10)  
CREDENTIAL: VARCHAR2(3)  
SEX: VARCHAR2(1)  
DOB: NUMBER(10)  
MED\_SCHOOL\_CD: VARCHAR2(8)  
GRADUATION\_YEAR: VARCHAR2(4)  
RSDNCY\_ORG: VARCHAR2(100)  
RSDNCY\_CITY: VARCHAR2(60)  
FLLWSHP\_ORG: VARCHAR2(100)  
FLLWSHP\_CITY: VARCHAR2(60)  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE  
CREDENTIAL\_2: VARCHAR2(3)  
INTRNSHP\_NAME: VARCHAR2(100)  
INTRNSHP\_CITY: VARCHAR2(60)  
INTRNSHP\_STATE: VARCHAR2(2)  
UPIN\_SANC: VARCHAR2(50)  
STATE\_SANC: VARCHAR2(50)  
RSDNCY\_STATE: VARCHAR2(2)  
FLLWSHP\_STATE: VARCHAR2(2)

## HMS\_INV\_ADDRESS

CONTACT\_ID: NUMBER(7)  
ADDRESS\_ID: NUMBER(6)  
INVESTIGATOR\_ID: CHAR(18)  
  
HMS\_ID: VARCHAR2(12)  
TIER: NUMBER(3)  
FIRM\_NAME: VARCHAR2(100)  
ADDRESS\_1: VARCHAR2(75)  
ADDRESS\_2: VARCHAR2(75)  
PHONE\_NBR: NUMBER(15)  
FAX\_NBR: NUMBER(15)  
CITY: VARCHAR2(35)  
STATE: VARCHAR2(2)  
ZIP\_CODE: NUMBER(10)  
ZIP\_CODE\_4: NUMBER(4)  
X\_LONGITUDE: NUMBER(15)  
Y\_LATITUDE: NUMBER(15)  
MSANUM: NUMBER(12)  
MSANAME: VARCHAR2(45)  
COUNTY: VARCHAR2(30)  
CNTFIPS: NUMBER(12)  
CITY\_BLOCK: VARCHAR2(30)  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_HSPTL\_AFFLTN

CONTACT\_ID: NUMBER(7)  
HMS\_HOSP\_ID: VARCHAR2(9)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_SPECIALTY

CONTACT\_ID: NUMBER(7)  
SPECIALTY\_CD: VARCHAR2(8)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_DEA

CONTACT\_ID: NUMBER(7)  
DEA\_NBR: VARCHAR2(10)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_BOARD\_CERT

CONTACT\_ID: NUMBER(7)  
CERT\_CD: VARCHAR2(8)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_LANGUAGE

CONTACT\_ID: NUMBER(7)  
LANGUAGE\_CD: VARCHAR2(10)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_INSURANCE\_AFFLTN

CONTACT\_ID: NUMBER(7)  
INSURANCE\_COMPANY\_CD: VARCHAR2(50)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_GRP\_UPIN

CONTACT\_ID: NUMBER(7)  
GRP\_UPIN: VARCHAR2(8)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

## HMS\_EMPLYR\_TAX\_ID

CONTACT\_ID: NUMBER(7)  
EMPLR\_TAX\_ID: NUMBER(10)  
INVESTIGATOR\_ID: CHAR(18)  
  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

2260

22C

74/89

STLDEV01 - Display1 / Investigator

REHAB\_SVCS: VARCHAR2(1)  
RESPIR\_SVCS: VARCHAR2(1)  
SELF CARE\_SVCS: VARCHAR2(1)  
SKNLT\_SVCS: VARCHAR2(1)  
SOC SVC\_SVCS: VARCHAR2(1)  
SPEECH\_SVCS: VARCHAR2(1)  
THERD\_SVCS: VARCHAR2(1)  
TRAUMA\_SVCS: VARCHAR2(1)  
XRADT\_SVCS: VARCHAR2(1)  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE

75/69

STLDEV01 - Display1 / Investigator

## HMS\_HSPTL\_BED

CONTACT\_ID: NUMBER(7)  
 HMS\_HOSP\_ID: VARCHAR2(9)  
 INVESTIGATOR\_ID: CHAR(18)

HMS\_STF\_BEDS: NUMBER(9)  
 HMS\_HSP\_BEDS: NUMBER(9)  
 HMS\_TOT\_BEDS: NUMBER(9)  
 HMS\_STRM\_BEDS: NUMBER(9)  
 HMS\_LTERM\_BEDS: NUMBER(9)  
 HMS\_MDSRG\_BEDS: NUMBER(9)  
 HMS\_ICU\_BEDS: NUMBER(9)  
 BEDS\_OK: VARCHAR2(5)  
 ICU\_BEDS: NUMBER(9)  
 CCU\_BEDS: NUMBER(9)  
 SICU\_BEDS: NUMBER(9)  
 NICU\_BEDS: NUMBER(9)  
 NINT\_BEDS: NUMBER(9)  
 PICU\_BEDS: NUMBER(9)  
 PEDI\_BEDS: NUMBER(9)  
 OBN\_BEDS: NUMBER(9)  
 PSYC\_BEDS: NUMBER(9)  
 BURN\_BEDS: NUMBER(9)  
 ALCH\_BEDS: NUMBER(9)  
 REHB\_BEDS: NUMBER(9)  
 OTHR\_BEDS: NUMBER(9)  
 CREATION\_DATE: DATE  
 UPDATE\_DATE: DATE

## HMS\_HSPTL\_SVCS

CONTACT\_ID: NUMBER(7)  
 HMS\_HOSP\_ID: VARCHAR2(9)  
 INVESTIGATOR\_ID: CHAR(18)

AIDS\_SVCS: VARCHAR2(1)  
 ANSTH\_SVCS: VARCHAR2(1)  
 ANGPLSTY\_SVCS: VARCHAR2(1)  
 BLOODBNK\_SVCS: VARCHAR2(1)  
 BMTRNSPL\_SVCS: VARCHAR2(1)  
 BURNCTR\_SVCS: VARCHAR2(1)  
 CRDCTH\_SVCS: VARCHAR2(1)  
 CVSRGY\_SVCS: VARCHAR2(1)  
 CHIRO\_SVCS: VARCHAR2(1)  
 CLPSY\_SVCS: VARCHAR2(1)  
 CT\_SVCS: VARCHAR2(1)  
 DENTL\_SVCS: VARCHAR2(1)  
 ULTRSD\_SVCS: VARCHAR2(1)  
 DIETRTY\_SVCS: VARCHAR2(1)  
 ECARD\_SVCS: VARCHAR2(1)  
 ECONV\_SVCS: VARCHAR2(1)  
 EMRGCY\_SVCS: VARCHAR2(1)  
 ESWL\_SVCS: VARCHAR2(1)  
 LABAN\_SVCS: VARCHAR2(1)  
 HEART\_SVCS: VARCHAR2(1)  
 HRTLUNG\_SVCS: VARCHAR2(1)  
 HEMDIAL\_SVCS: VARCHAR2(1)  
 HOMCRE\_SVCS: VARCHAR2(1)  
 HOSPCE\_SVCS: VARCHAR2(1)  
 CCU\_SVCS: VARCHAR2(1)  
 ICU\_SVCS: VARCHAR2(1)  
 KIDNEY\_SVCS: VARCHAR2(1)  
 LABCLNC\_SVCS: VARCHAR2(1)  
 LIVER\_SVCS: VARCHAR2(1)  
 LUNG\_SVCS: VARCHAR2(1)  
 MEGVRAD\_SVCS: VARCHAR2(1)  
 NEONUNT\_SVCS: VARCHAR2(1)  
 NICU\_SVCS: VARCHAR2(1)  
 MRI\_SVCS: VARCHAR2(1)  
 NEURO\_SVCS: VARCHAR2(1)  
 NSURG\_SVCS: VARCHAR2(1)  
 NUCMED\_SVCS: VARCHAR2(1)  
 OBSRVA\_SVCS: VARCHAR2(1)  
 OBSTE\_SVCS: VARCHAR2(1)  
 OCCTH\_SVCS: VARCHAR2(1)  
 OPNHT\_SVCS: VARCHAR2(1)  
 OPTOM\_SVCS: VARCHAR2(1)  
 ORGBANK\_SVCS: VARCHAR2(1)  
 ORGAN\_SVCS: VARCHAR2(1)  
 OUTPAT\_SVCS: VARCHAR2(1)  
 OUTSRG\_SVCS: VARCHAR2(1)  
 PANCR\_SVCS: VARCHAR2(1)  
 PEDIAT\_SVCS: VARCHAR2(1)  
 PHARM\_SVCS: VARCHAR2(1)  
 PHYTH\_SVCS: VARCHAR2(1)  
 PSTOP\_SVCS: VARCHAR2(1)  
 PSYED\_SVCS: VARCHAR2(1)  
 PULMON\_SVCS: VARCHAR2(1)  
 RADIM\_SVCS: VARCHAR2(1)  
 RECTH\_SVCS: VARCHAR2(1)

## HMS\_HSPTL

CONTACT\_ID: NUMBER(7)  
 HMS\_HOSP\_ID: VARCHAR2(9)  
 INVESTIGATOR\_ID: CHAR(18)

HSPTL\_NAME: VARCHAR2(100)  
 DEPT\_NAME: VARCHAR2(50)  
 BRANCH\_NAME: VARCHAR2(50)  
 ADDRESS\_1: VARCHAR2(75)  
 ADDRESS\_2: VARCHAR2(75)  
 CITY: VARCHAR2(25)  
 STATE: VARCHAR2(2)  
 ZIP\_CODE: VARCHAR2(6)  
 ZIP\_CODE\_4: VARCHAR2(4)  
 PHONE\_NBR: VARCHAR2(13)  
 CEO: VARCHAR2(50)  
 FIPSS: VARCHAR2(10)  
 COUNTY: VARCHAR2(50)  
 MSANUM: VARCHAR2(12)  
 MSANAME: VARCHAR2(50)  
 CENSUS\_ID: VARCHAR2(20)  
 X\_LONGITUDE: VARCHAR2(15)  
 Y\_LATITUDE: VARCHAR2(15)  
 SRVC\_CD: VARCHAR2(5)  
 CTRL\_CD: VARCHAR2(5)  
 LOS\_CD: VARCHAR2(5)  
 UNV\_HSPTL\_IND: VARCHAR2(1)  
 TCH\_HSPTL\_IND: VARCHAR2(1)  
 TEACHHOSP\_IND: VARCHAR2(1)  
 RESIDENCY\_IND: VARCHAR2(1)  
 MED\_SCHL\_IND: VARCHAR2(1)  
 ALLIED\_SCHL\_IND: VARCHAR2(1)  
 JCAHO\_IND: VARCHAR2(1)  
 MEDICARE\_IND: VARCHAR2(1)  
 CANCERCTR\_IND: VARCHAR2(1)  
 CLOSED\_IND: VARCHAR2(1)  
 CREATION\_DATE: DATE  
 UPDATE\_DATE: DATE

## HMS\_LICENSE

CONTACT\_ID: NUMBER(7)  
 LICENSE\_STATE\_CD: VARCHAR2(2)  
 INVESTIGATOR\_ID: CHAR(18)

LICENSE\_YEAR: NUMBER(4)  
 CREATION\_DATE: DATE  
 UPDATE\_DATE: DATE

22E

76/89

FDA\_1572\_STAT

CONTACT\_ID: NUMBER(8)  
INVESTIGATOR\_ID: CHAR(18)  
NUM\_TRIALS\_LAST5: INTEGER  
NUM\_TRIALS\_LAST4: INTEGER  
NUM\_TRIALS\_LAST3: INTEGER  
NUM\_TRIALS\_LAST2: INTEGER  
NUM\_TRIALS\_LAST1: INTEGER  
TOTAL\_TRIALS\_LIFETIME: INTEGER  
FIRST\_YEAR: INTEGER  
LAST\_YEAR: INTEGER  
UPDATE\_DATE: DATE

FDA\_483

CONTACT\_ID: NUMBER(7)  
FDA\_DFCNCY\_ID: NUMBER(8)  
CONTACT\_ID: NUMBER(7)  
INVESTIGATOR\_ID: CHAR(18)  
HMS\_ID: VARCHAR2(12)  
LAST\_NAME: VARCHAR2(100)  
FIRST\_NAME: VARCHAR2(25)  
ORG: VARCHAR2(100)  
ADDRESS: VARCHAR2(100)  
CITY: VARCHAR2(35)  
STATE: VARCHAR2(2)  
ZIP\_CODE: VARCHAR2(14)  
COUNTRY: VARCHAR2(60)  
INSPCTN\_DATE: DATE  
CLSSFCTN\_TYP: VARCHAR2(2)  
CLSSFCTN\_CD: VARCHAR2(5)  
DFCNCY\_CD: NUMBER(2)  
CREATION\_DATE: DATE

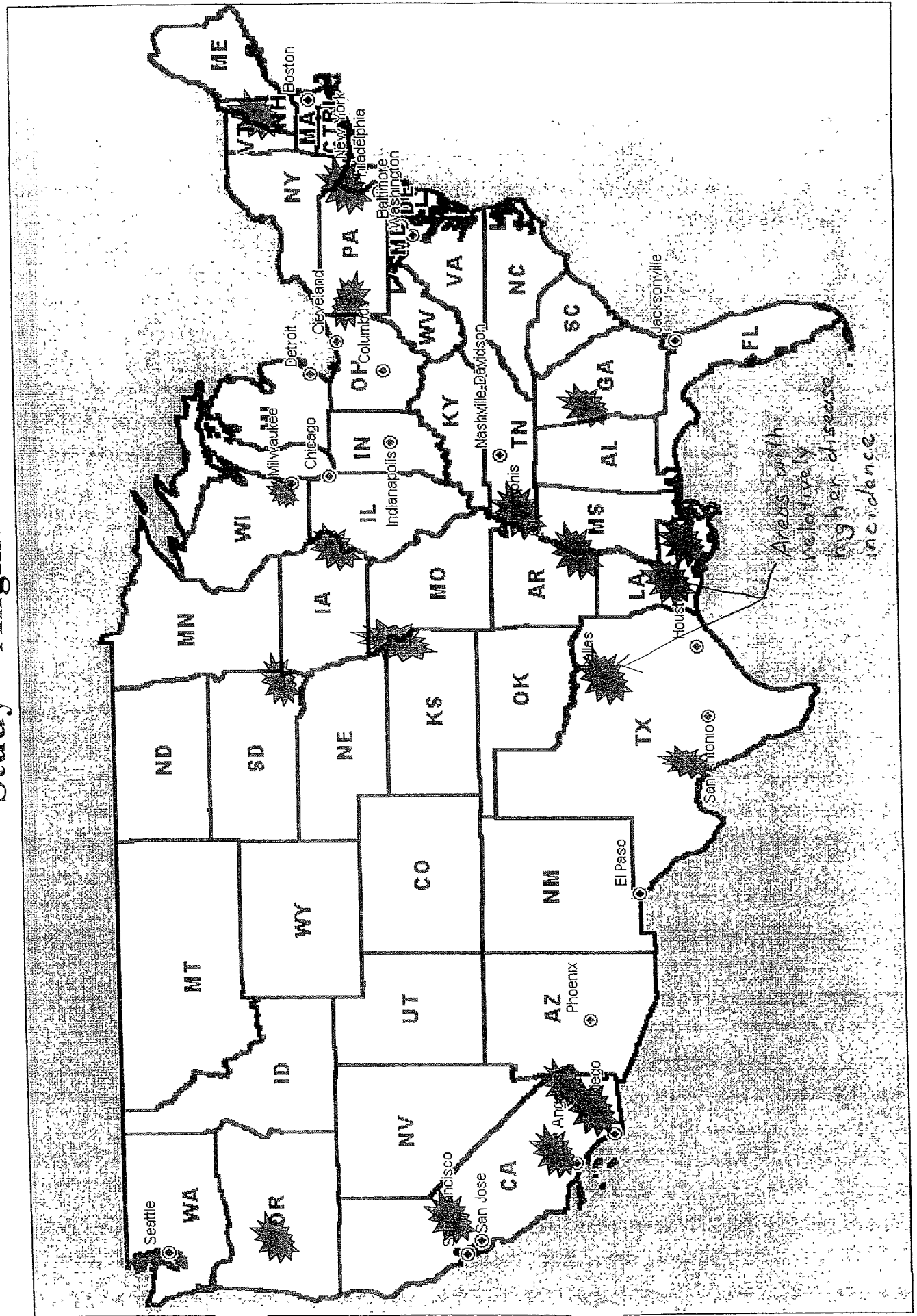
FDA\_1572

CONTACT\_ID: NUMBER(7)  
FDA\_1572\_ID: NUMBER(7)  
INVESTIGATOR\_ID: CHAR(18)  
HMS\_ID: VARCHAR2(12)  
LAST\_NAME: VARCHAR2(100)  
FIRST\_NAME: VARCHAR2(25)  
MIDDLE\_INITIAL: VARCHAR2(1)  
SUFFIX: VARCHAR2(5)  
CRED1: VARCHAR2(8)  
ORNAME: VARCHAR2(100)  
ADDRESS: VARCHAR2(100)  
CITY: VARCHAR2(35)  
STATE: VARCHAR2(2)  
ZIP\_CODE: VARCHAR2(14)  
COUNTRY: VARCHAR2(60)  
YEAR: NUMBER(4)  
RECEIPT\_DATE: DATE  
RECEIPT\_YEAR: NUMBER(4)  
ORG\_TYPE: VARCHAR2(3)  
CREATION\_DATE: DATE

7/7/69

# Step 1 Disease Incidence Search

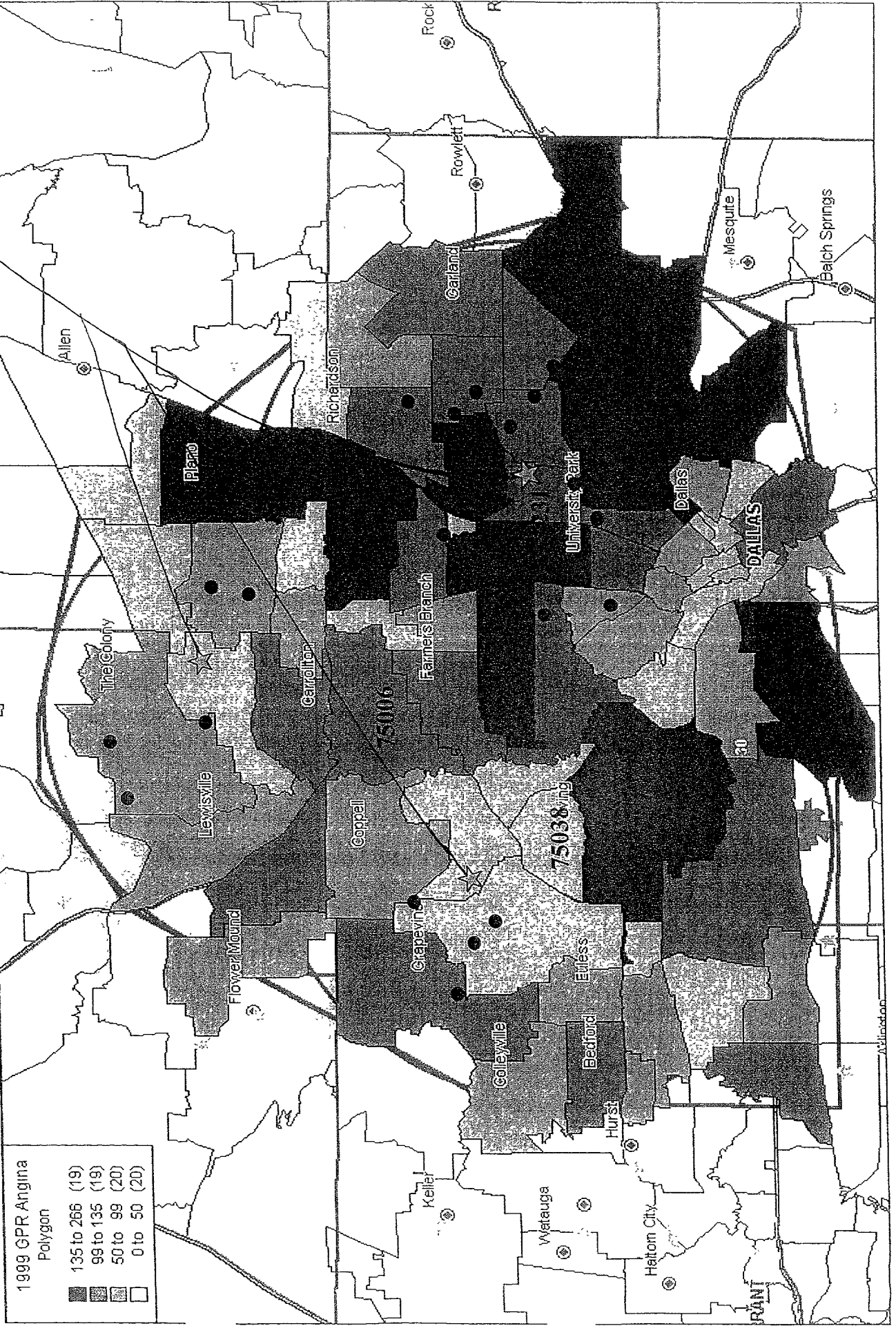
## Study - Angina



# Step 1

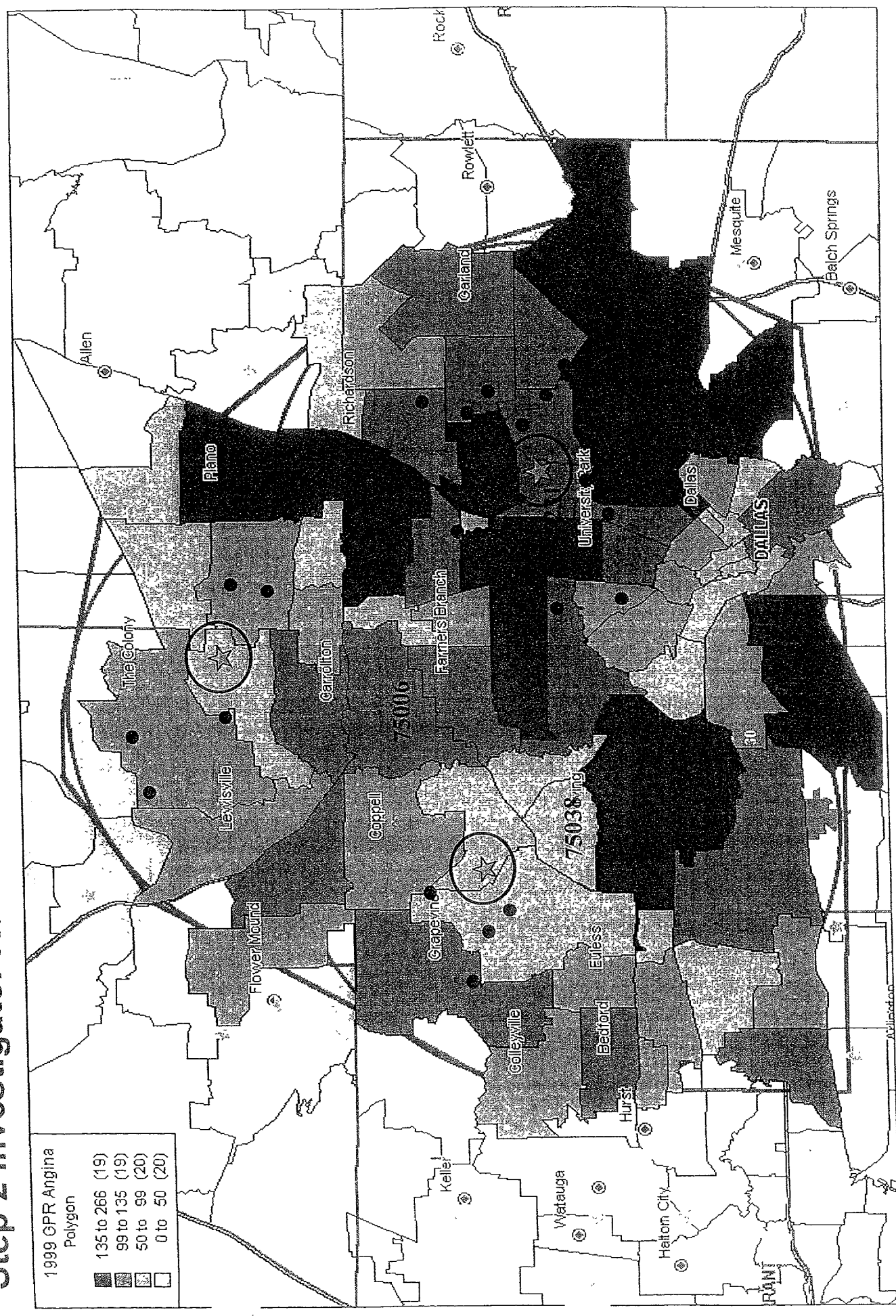
## Dallas – Fort Worth Area

### Study – Angina



7/9/99  
TODAY'S SECTION

# Step 2 Investigator Recruitment / Screening Case Study – Angina

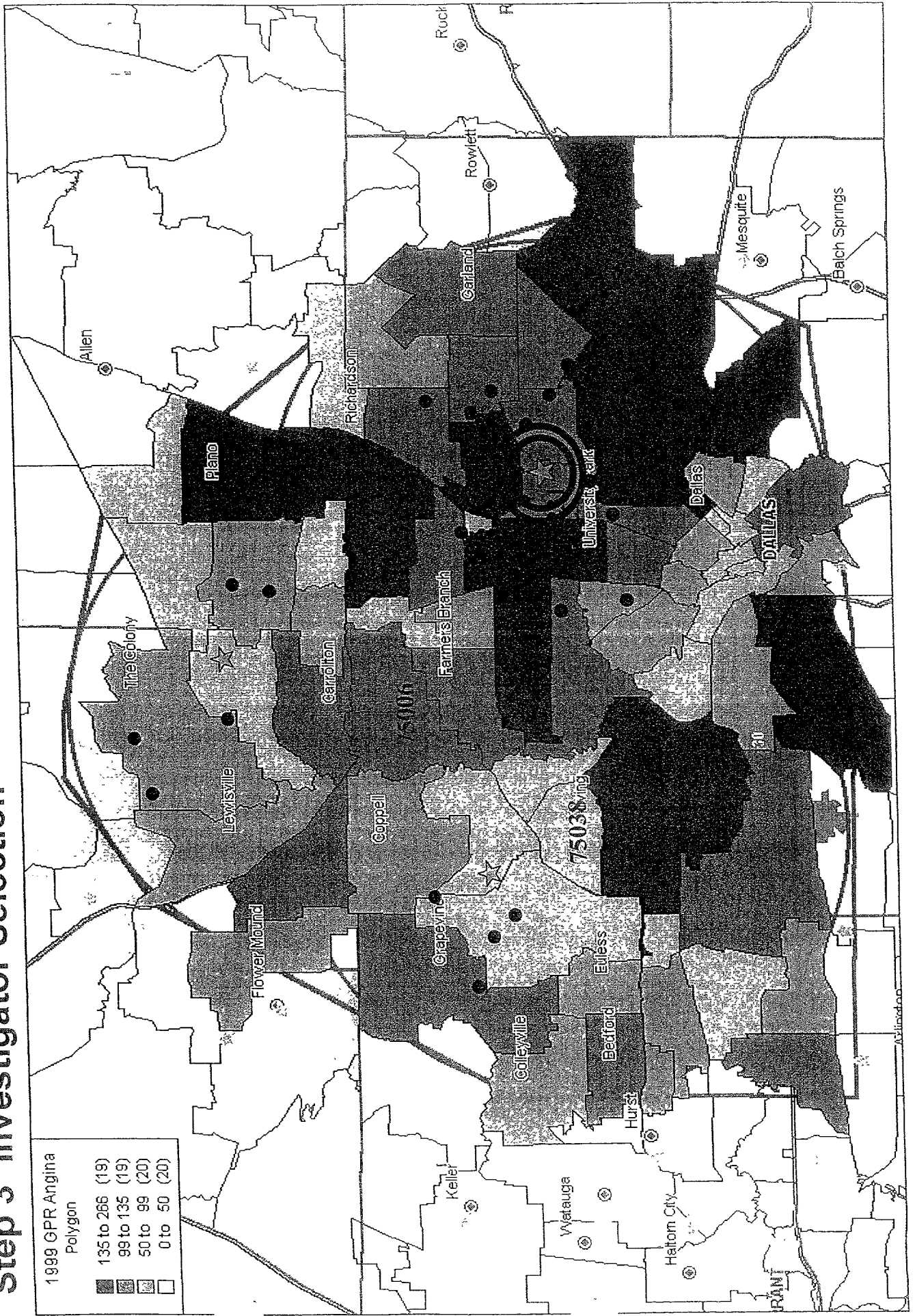




90/09  
T090317  
200002050

## Case Study – Angina

### Step 3 Investigator Selection

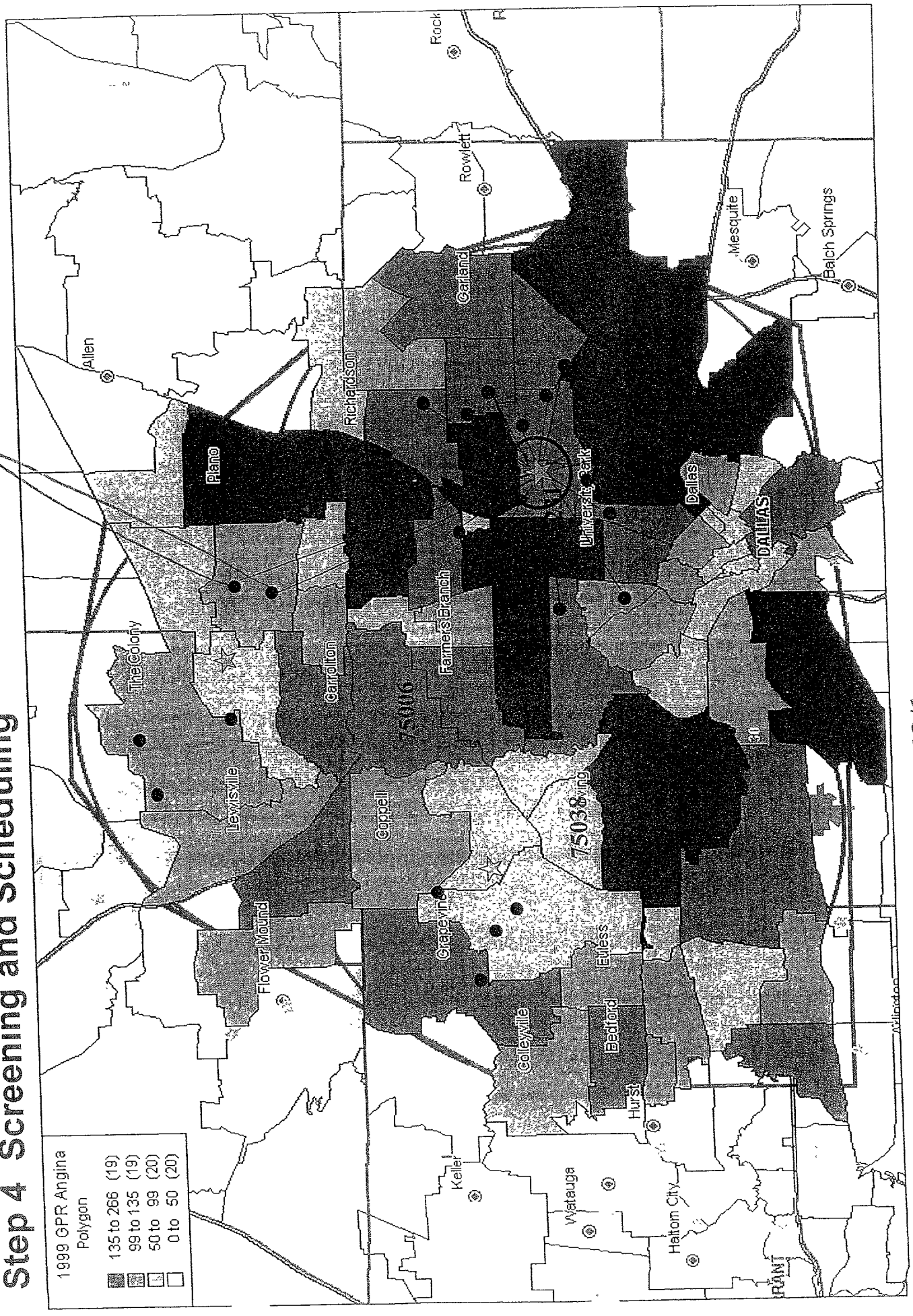




9/1/89  
T09047  
0900250  
Patient Sites

# Case Study - Angina

## Step 4 Screening and Scheduling



8/2/89

Smith, John

Specialty Cardiovascular Disease  
Internal Medicine



CV

Contact Information	Primary Research Facility	Study Staff	Trial Experience	Provider	Hospital	Prismatic View
---------------------	---------------------------	-------------	------------------	----------	----------	----------------

Yellow = ABC Pharma Trial

Indication	Start Date	Enrollment Commitment	Evaluable Patients	Timeframe (months)	Enrollment Percentage	ABC Pharma Rank
APT	1/15/2001	12	8	12	70%	4
CHF	11/1/2000	10	9	9	90%	
CHF	10/5/2000	10	9	9	90%	
CHD	7/1/2000	8	3	6	40%	2
CAD	6/1/1999	15	12	6	80%	
CHT	2/15/1999	8	7	10	90%	4
CHF	3/1/1998	10	8	12	80%	3
CHD	3/22/1997	6	4	10	60%	
CHD	6/1/1996	8	6	10	80%	

Aggregated data  
(2302)

Data supplied by  
sponsor  
viewing  
screen  
(2304)

Fig 23

2400 ✓  
✓

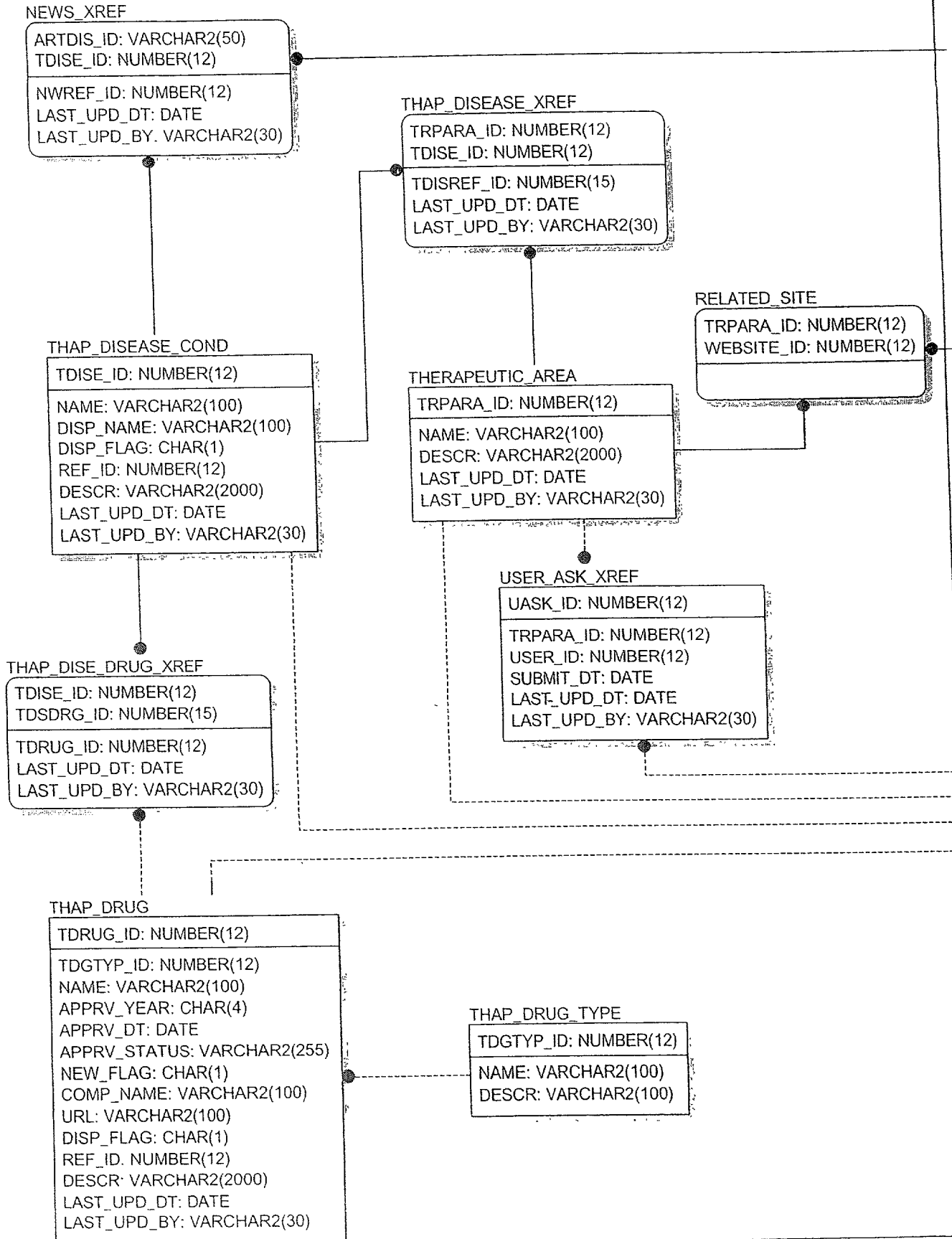


Fig.  
24A

84/89

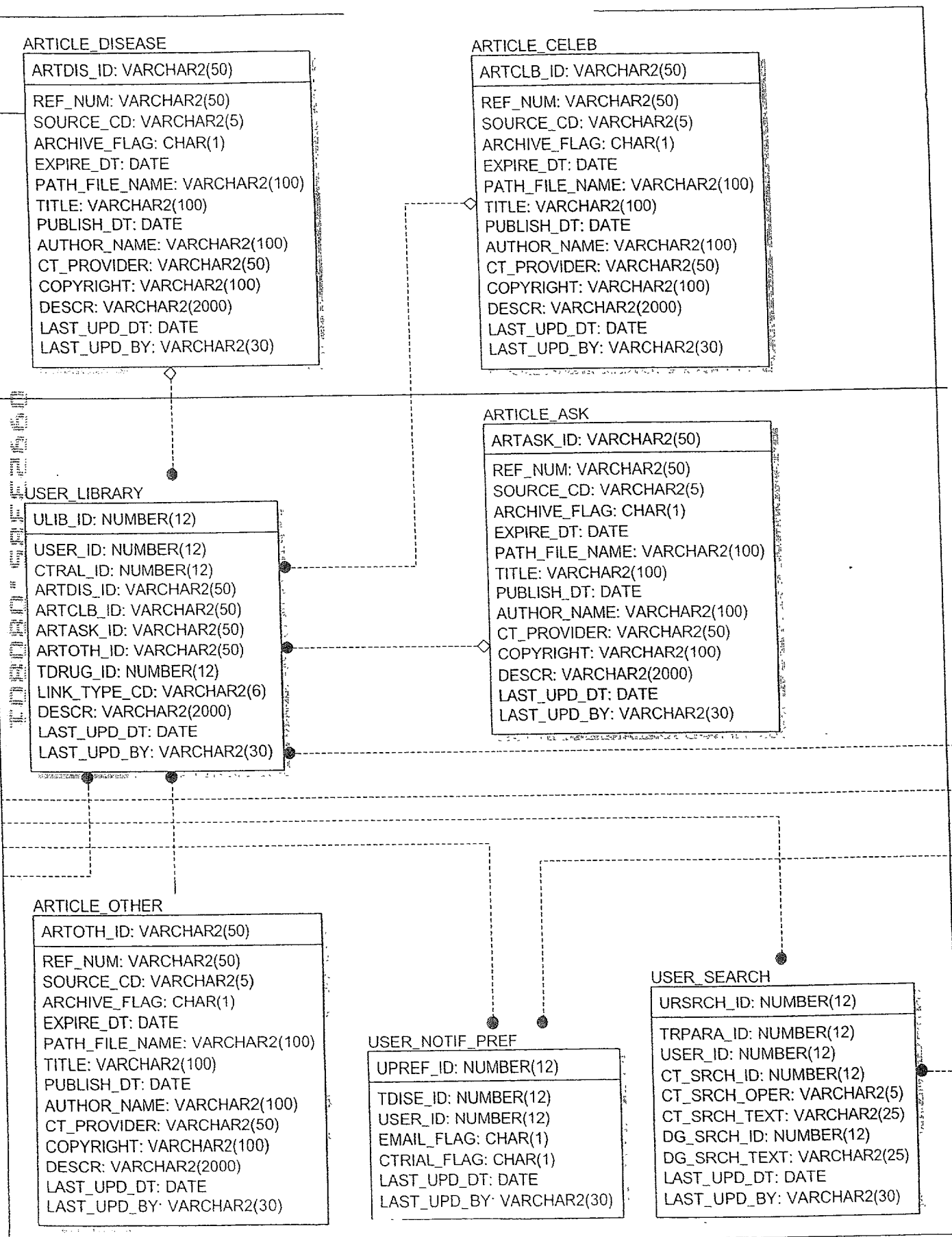


Fig. 24B

85/89

2416

## WEBSITE

WEBSITE\_ID: NUMBER(12)  
 ADDR\_ID: NUMBER(12)  
 SHORT\_NAME: VARCHAR2(50)  
 DISPLAY\_NAME: VARCHAR2(100)  
 REFERAL\_SITE\_IND: VARCHAR2(5)  
 URL: VARCHAR2(100)  
 LAST\_UPD\_DT: DATE  
 LAST\_UPD\_BY: VARCHAR2(30)

## ADDRESS

ADDR\_ID: NUMBER(12)  
 ADDR\_LINE1: VARCHAR2(50)  
 ADDR\_LINE2: VARCHAR2(50)  
 ADDR\_LINE3: VARCHAR2(50)  
 CITY: VARCHAR2(50)  
 STATE\_CD: VARCHAR2(5)  
 ZIP\_CODE: VARCHAR2(10)  
 PROVINCE: VARCHAR2(50)  
 COUNTRY: VARCHAR2(15)  
 PHONE1\_AREA: VARCHAR2(10)  
 PHONE1\_NUM: VARCHAR2(10)  
 PHONE1\_EXT: VARCHAR2(10)  
 PHONE2\_AREA: VARCHAR2(10)  
 PHONE2\_NUM: VARCHAR2(10)  
 PHONE2\_EXT: VARCHAR2(10)  
 LAST\_UPD\_DT: DATE  
 LAST\_UPD\_BY: VARCHAR2(30)

## USER\_TRIAL

USTRL\_ID: NUMBER(12)  
 ADDR\_ID: NUMBER(12)  
 USER\_ID: NUMBER(12)  
 EMAIL\_FLAG: CHAR(1)  
 PHONE\_FLAG: CHAR(1)  
 MAIL\_FLAG: CHAR(1)  
 LNAME: VARCHAR2(50)  
 FNAME: VARCHAR2(50)  
 EMAIL: VARCHAR2(100)  
 DESCR: VARCHAR2(2000)  
 LAST\_UPD\_DT: DATE  
 LAST\_UPD\_BY: VARCHAR2(30)  
 CTRL\_ID: NUMBER(12)

## USER

USER\_ID: NUMBER(12)  
 CMPY\_ID: NUMBER(12)  
 ADDR\_ID: NUMBER(12)  
 USERNAME: VARCHAR2(50)  
 PASSWORD: VARCHAR2(50)  
 EMAIL: VARCHAR2(100)  
 HINT\_QUES: VARCHAR2(100)  
 HINT\_ANS: VARCHAR2(100)  
 LNAME: VARCHAR2(50)  
 FNAME: VARCHAR2(50)  
 MNAME: VARCHAR2(50)  
 SEX\_CD: VARCHAR2(5)  
 MYSELF\_FLAG: CHAR(1)  
 ACTIVE\_FLAG: CHAR(1)  
 INACTIVE\_DT: DATE  
 PRF\_EMAIL\_FLAG: CHAR(1)  
 PRF\_PHONE\_FLAG: CHAR(1)  
 PRF\_MAIL\_FLAG: CHAR(1)  
 CONTC\_TIME\_CD: VARCHAR2(5)  
 TRAVEL\_CD: VARCHAR2(5)  
 SHOW\_LIB\_FLAG: CHAR(1)  
 SHOW\_PROF\_FLAG: CHAR(1)  
 DESCR: VARCHAR2(2000)  
 LAST\_UPD\_DT: DATE  
 LAST\_UPD\_BY: VARCHAR2(30)  
 ASK\_FLAG: CHAR(1)  
 LAST\_NOTIF\_DT: DATE

## USER\_LOGIN\_POLICY

URPCY\_ID: NUMBER(12)  
 USER\_ID: NUMBER(12)  
 LOGIN\_COUNT: NUMBER(5)  
 ALLOW\_LOGIN\_DT: DATE  
 RECOVERY\_COUNT: NUMBER(5)  
 RECOVERY\_KEY: VARCHAR2(100)  
 RECOVERY\_ALLOW\_DT: DATE  
 RECOVERY\_DT: DATE  
 PASSWD\_UPD\_DT: DATE  
 LAST\_UPD\_DT: DATE  
 LAST\_UPD\_BY: VARCHAR2(30)  
 CURRENT\_LOGIN\_DT: DATE  
 LAST\_LOGIN\_DT: DATE

## USER\_REFERRAL

URFAL\_ID: NUMBER(12)  
 USER\_ID: NUMBER(12)  
 EMAIL: VARCHAR2(100)  
 LAST\_UPD\_DT: DATE  
 LAST\_UPD\_BY: VARCHAR2(30)

86/89

ACURIAN\_CONTENT\_TYPE

CONTYP\_ID: NUMBER(12)  
NAME: VARCHAR2(100)  
DESCR: VARCHAR2(100)

ACURIAN\_NOTIFICATION

NOTIF\_ID: NUMBER(12)  
NOTIF\_TYPE: VARCHAR2(100)  
NOTIF\_DESC: VARCHAR2(100)  
LAST\_NOTIF\_DT: DATE

ACURIAN\_PUBLISH

PUBLISH\_ID: NUMBER(12)  
CONTYP\_ID: NUMBER(12)  
PUBLISH\_DATE: DATE  
TRPARA\_ID: NUMBER(12)

87/89

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ACULN\_COMPANY

COMPANY\_ID: NUMBER(8)  
DESCRIPTION: VARCHAR2(132)  
COMPANY\_NAME: VARCHAR2(32)  
TYPE\_CD: VARCHAR2(6)

ACR\_MRGD\_TRIAL\_LISTING

SOURCE\_CD: VARCHAR2(6)  
TRIAL\_LISTING\_ID: VARCHAR2(30)  
SPONSOR\_COMPANY\_ID: NUMBER(8)  
HEADER\_TXT: VARCHAR2(200)  
DETAIL\_TXT: BLOB(4000)  
DETAIL\_TXT\_URL: VARCHAR2(200)  
SORT\_PRIORITY\_CD: VARCHAR2(6)  
DISPLAY\_IND: VARCHAR2(1)  
DISPLAY\_START\_DATE: DATE  
DISPLAY\_END\_DATE: DATE  
CREATE\_DATE: DATE  
UPDATE\_DATE: DATE

ACR\_MRGD\_TRIAL\_INDICATION

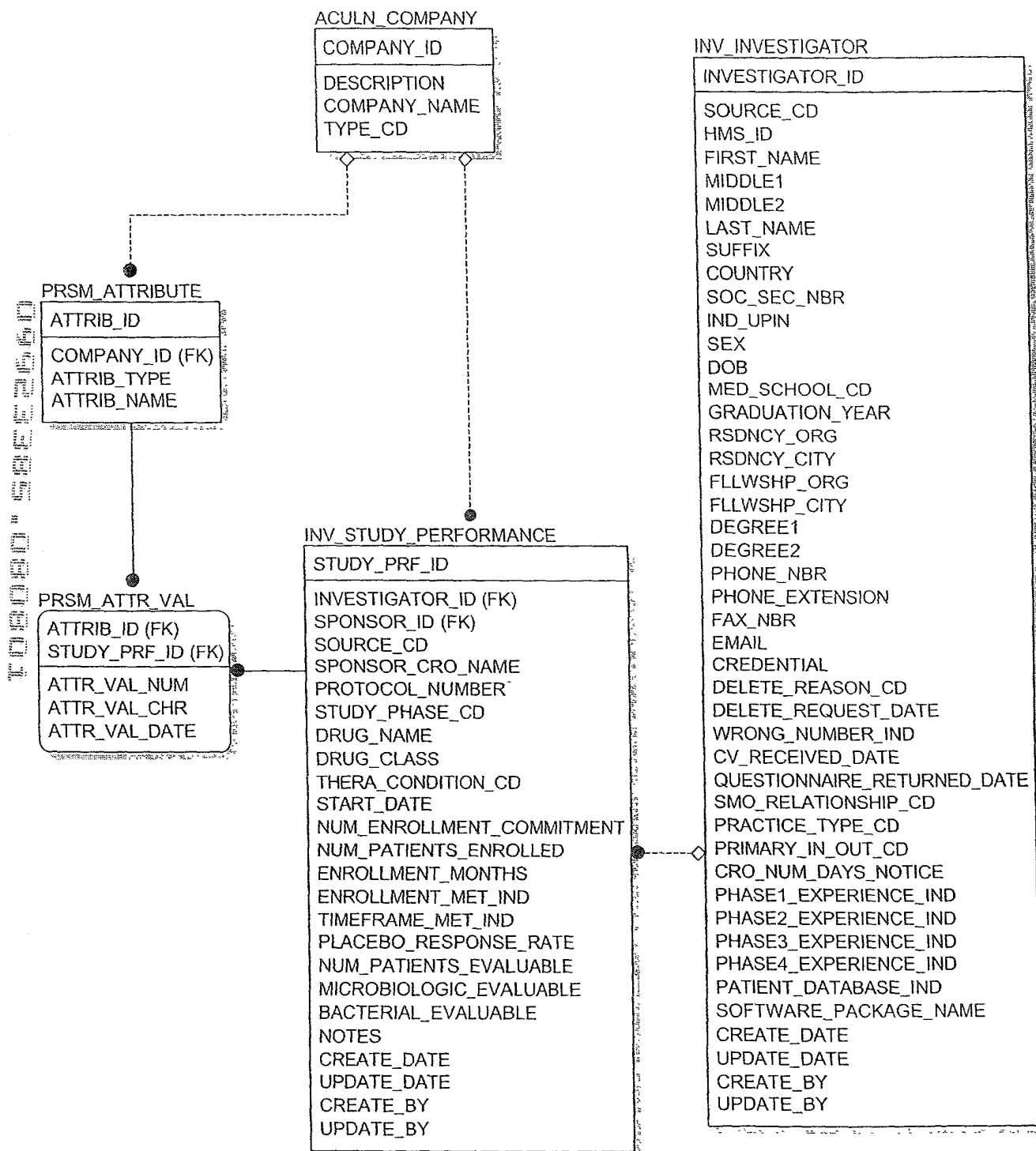
SOURCE\_CD: VARCHAR2(6)  
TRIAL\_LISTING\_ID: VARCHAR2(30)  
THERAPEUTIC\_AREA\_CD: VARCHAR2(6)  
INDICATION\_CD: VARCHAR2(6)

ACR\_MRGD\_TRIAL\_SITE

SOURCE\_CD: VARCHAR2(6)  
TRIAL\_LISTING\_ID: VARCHAR2(30)  
TRIAL\_SITE\_ID: NUMBER(8)  
SITE\_TXT: VARCHAR2(800)  
SITE\_TXT\_URL: VARCHAR2(200)  
STREET1: VARCHAR2(100)  
STREET2: VARCHAR2(100)  
CITY: VARCHAR2(30)  
STATE: VARCHAR2(2)  
ZIP: NUMBER(5)  
ZIP4: NUMBER(4)

88/89

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89/89

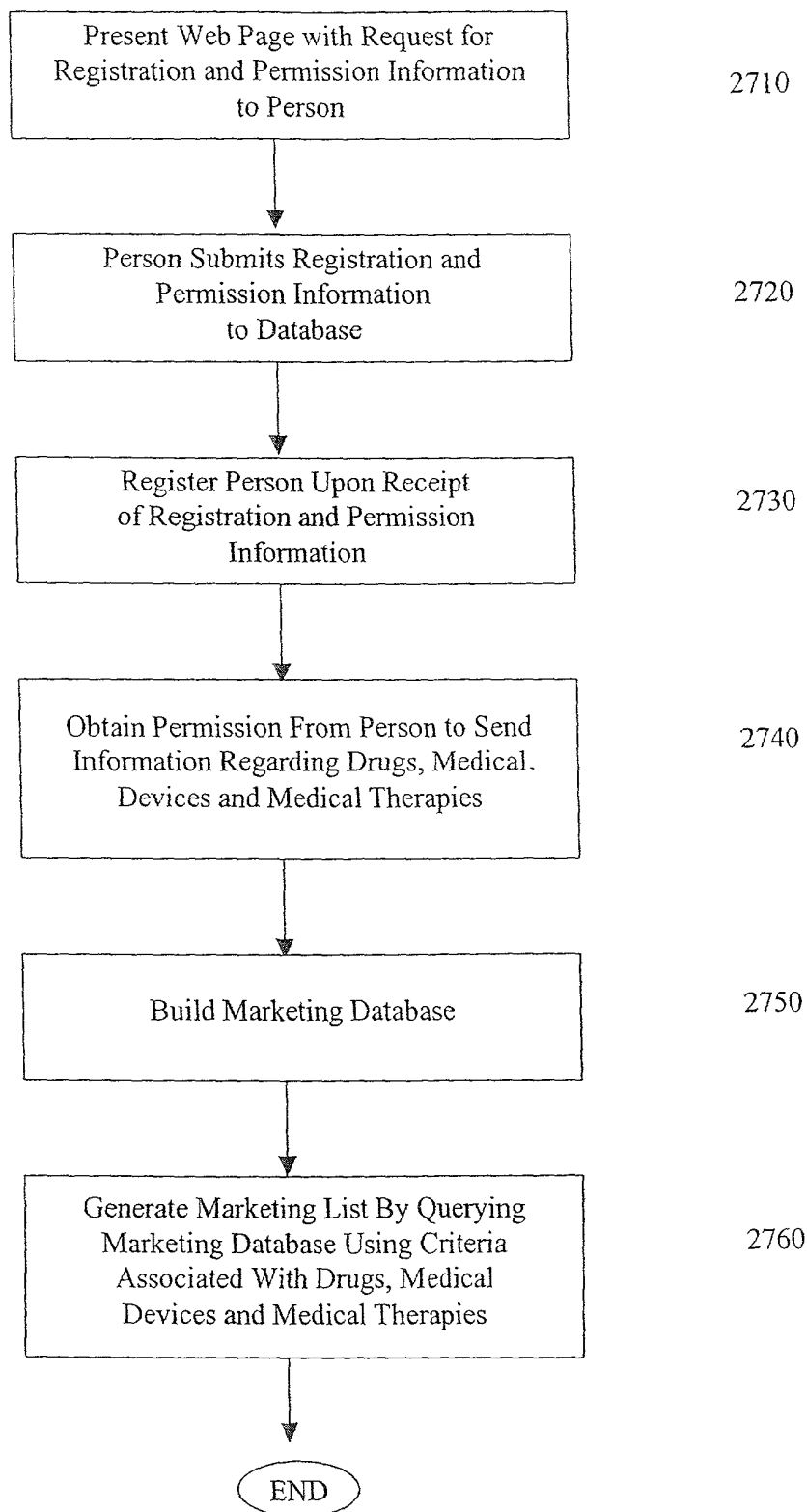


FIG. 27